

This notice describes the privacy practices of Ponderosa Family Dental ("Dental Practice"). "We" and "our" means the Dental Practice. "You" and "your" means our patient.

HOW TO CONTACT US/OUR PRIVACY OFFICIAL

If you have any questions or would like further information about this Notice, you can either write to or call the Privacy Official for our Dental Practice.

Dental Practice Name	Ponderosa Family Dental
Privacy Official for Dental Practice	Olegaria Pacheco
Dental Practice Email Address	olegaria.pacheco@bluetreedental.com
Dental Practice Mailing Address	307 W Winnie Ln, Carson City, NV 89703
Dental Practice Phone Number	(775) 885-2323

INFORMATION COVERED BY THIS NOTICE

This Notice applies to health information about you that we create or receive and that identifies you. This Notice tells you about the ways we may use and disclose your health information. It also describes your rights and certain obligations we have with respect to your health information. We are required by law to:

- Maintain the privacy of your health information;
- Give you this Notice of our legal duties and privacy practices with respect to that information; and
- Abide by the terms of our Notice that are currently in effect.

OUR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

Common Reasons for Use and Disclosure of Patient Health Information

Treatment We will use your health information to provide you with dental treatment or services, such as cleaning or examining your teeth or performing dental procedures. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care.

Payment We may use and disclose your health information to obtain payment from health plans and insurers for the care that we provide to you.

Health Care Operations We may use and disclose health information about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.

Accounting of Disclosures You have a right to receive an accounting of disclosures of health information for the six years prior to the date that the accounting is requested except for disclosures to carry out treatment, payment, healthcare operations (and certain other exceptions as provided by HIPAA) The first accounting we provide in any 12 month period will be without charge to you. We will charge a reasonable fee to cover the cost for each subsequent request for an accounting within the same 12 months. We will notify you in advance of this fee and you may choose to modify or withdraw your request at that time.

Receive a Paper Copy of This Notice You have the right to a paper copy of the notice at any time (even if you have agreed to receive that notice electronically.) To obtain a paper copy ask the privacy official.

WE HAVE THE RIGHT TO CHANGE OUR PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change the terms of this notice at any time. Any changes will apply to the health information we have about you or create or receive in the future. We will promptly revise the notice when there is a material change to the uses or disclosures, individuals rights, our legal duties or other privacy practices discussed in this notice. We will post the revised notice on our website (if applicable) and our office will provide a copy of it to you on request. The effective date of this notice including any updates is 12/01/2017.

TO MAKE PRIVACY COMPLAINTS

If you have any complaints about your privacy rights or how your health information has been used or disclosed you may file a complaint with the US Department of Health and Human Services Office for Civil Rights.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US. WE WILL NOT RETALIATE AGAINST YOU IN ANY WAY IF YOU CHOOSE TO FILE A COMPLAINT.



PONDEROSA
Family Dental

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.



Appointment Reminders We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, voicemail, or email.

Treatment Alternatives and Health-Related Benefits and Services We may use and disclose your health information to tell you about treatment options or alternatives or health related benefits and services that may be of interest to you.

Disclosure to Family Member and Friends We may disclose your health information to a family member or friend who is involved in your care or payment for your care if you do not object or, if you are not present and we believe it is in your best interest to do so.

Less Common Reasons for Use and Disclosure of Patient Health Information

The following uses and disclosures occur infrequently and may never apply to you.

Disclosures Required by Law We may use or disclose patient health information to the extent we are required by law to do so. For example, we are required to disclose patient health information to the U.S. Department of Health and Human Services so that it can investigate complaints or determine our compliance with HIPAA.

Public Health Activities We may disclose patient health information for public health activities and purposes, which include: Preventing or controlling disease, injury, or disability; reporting births or deaths; reporting child abuse or neglect; reporting adverse reactions to medications or foods; reporting product defects; enabling product recalls; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Victims of Abuse, Neglect or Domestic Violence We may disclose health information to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect or domestic violence.

Health Oversight Activities We may disclose patient health information to a health oversight agency for activities necessary for the government to provide appropriate government authority about a patient who we believe is a victim of abuse, neglect or domestic violence.

Lawsuits and Legal Actions We may disclose patient health information in response to a (i) a court or administrative order or (ii) a subpoena, discovery request, or other unlawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested.

Law Enforcement Purposes We may disclose patient health information to a law enforcement official for law enforcement purposes, such as to identify or locate a suspect, material witness or missing person or to alert law enforcement of a crime.

Coroners, Medical Examiners and Funeral Directors We may disclose patient health information to a coroner, medical examiner or funeral director to allow them to carry out their duties.

Organ, Eye Tissue Donation We may disclose patient health information to organ procurement organizations or others that obtain, bank or transplant cadaveric organs, eyes or tissue for donation and transplant

Research Purposes We may disclose patient health information for research purposes pursuant to patient authorization waiver approval by an Institutional Review Board or Privacy Board.

Serious Threat to Health or Safety We may disclose patient health information if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety

Specialized Government Functions We may disclose patient health information to the military (domestic or foreign) about its members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison about its inmates.

Workers' Compensation We may disclose patient health information to comply with workers' compensation laws or similar programs that provide benefits for work related injuries or illness.

YOUR WRITTEN AUTHORIZATION FOR ANY OTHER USE OR DISCLOSURES OF HEALTH INFORMATION

We will make other uses and disclosures of health information not discussed in this Notice only with your written authorization. You may revoke that authorization at any time in writing. Upon receipt of the written revocation, we will stop using or disclosing your

health information for the reasons covered by the authorization going forward.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights with respect to certain health information that we have about you (information in a designated record set as defined by HIPAA). To exercise any of these rights, you must submit a written request to our Privacy Official listed on the first page of this Notice.

Access You may request a review or request a copy of your health information. We may deny your request under certain circumstances. You'll receive a written notice of a denial and can appeal it. We will provide a copy of your health information in a format you request if it is readily producible. If not readily producible we will provide it in a hardcopy format or other format that is mutually agreeable. If your health information is included in an electronic health record you have the right to obtain a copy of it in an electronic format. We may charge a reasonable fee to cover our cost to provide you with copies of your health information.

Amend If you believe that your health information is incorrect or incomplete you may request that we amend it. We may deny your request under certain circumstances. You will receive a written notice of denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.

Restriction Use and Disclosure You may request that we restrict uses of your health information to carry out treatment payment or healthcare operations or to your family member or friend involved in your care or the payment of your care. We may not (and are not required to) agree to your request restrictions, with one exception. If you pay out-of-pocket for a service you received from us and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement we must honor that request.

Confidential Communications: Alternative Means, Alternative Locations You may receive communications of health information by alternative means. We will accommodate your request if it is reasonable and you indicate that communication by regular means could endanger you. When you submit a written request to the privacy official listed on the first page of this notice you will need to provide an alternative method of contact or alternative address and indicate how payment for services will be handled.