

# Polished LLC Patient Privacy Pledge



## NOTICE OF PRIVACY PRACTICES

**Effective: August 20, 2010**

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. All staff providing services to patients using this program must adhere to this notice.

We follow federal and state guidelines to maintain the confidentiality of all health information.

### Our Responsibilities:

Ensure that identifying health information about you is kept private

Provide notice of our legal duties and privacy practices with respect to health information

Communicate any changes made to current privacy practices

### Your Rights:

Request that we restrict how we use or disclose your health information

Request use of specific telephone number or address to communicate with you

Inspect and copy your health information

Receive information about how your health information was disclosed

Obtain a paper or electronic copy of this notice

Register a complaint : See File a Complaint

### File a Complaint

If you believe your privacy rights have been violated, you may file a complaint the Secretary of the Department of Health and Human Services: Office of Civil Rights, United States Department of Health and Human Services Government Center JFK Federal Building 1875 Boston , MA 02203 (617) 565-1340 or TDD (617) 565-1348

No action may be taken against you for filing a complaint.

### Use and Disclosure of Information

We may use health information as follows: Documented treatment services may be shared with other healthcare providers involved in meeting a student's oral health needs.

To communicate with family members involved in meeting the student's oral health care needs.

To conduct normal business practices and management.

To provide payment/billing information about services provided to third parties in order to receive payment.

To communicate appointment reminders by telephone or mail.

There are limited times when we are permitted or required to disclose health information without your signed permission

These situations could include but are not limited to:

Public Health activities such as tracking diseases or medical data.

To protect victims of abuse or neglect.

Federal or state health oversight activities such as fraud investigations. When required to do so by Federal, State or local law.

*Other uses and disclosures not previously described may only be done with your signed authorization. You may revoke your authorization in writing at any time.*

### How to Contact Us

If you have questions or would like further information about this notice, please

contact: Polished, LLC

theteam@polishedteeth.com