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NOTICE OF PRIVATE PRACTICES

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. The privacy of your health information is important to us.

Our Legal Duty: We are required by federal and state law to maintain the privacy of your health information. We are required to give you this Notice about our privacy practices, legal duties, and your rights. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 10/19/12, and will remain in effect until we replace it. We reserve the right to change privacy practices and terms of this Notice at any time, provided such changes are permitted by law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made changes. Before we make changes in our privacy practices, we will change this Notice and make a new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for copies of this Notice, please contact us using the information listed at the end of this notice.

Uses and disclosures of health information: We use and disclose health information about you for treatment, payment, and healthcare operations.

Treatment: We may use or disclose your health information to a dentist, physician, or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provided.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. By state law, your authorization is valid for 90 days.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section herein. We may disclose your health information to a family member, friend, or other person to help you with your healthcare or with payment, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in notification of (including identifying or locating) a family member, a personal representative or other person responsible for your care, your location, your general condition, or death. If you are present, then prior to use or disclosure of health information, we will provide you with an opportunity to object. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, X-Rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required By Law: We may disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel. We may disclose to federal officials health information required for lawful intelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail, emails, or letters).

Patient Rights

Access: You have the right to see or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request copies, we may charge you for copying, time and postage. Radiographs (X-Rays)

NOTICE OF PRIVATE PRACTICES (continued)

will be duplicated at a reasonable fee. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations, and certain other activities, for the last 6 years, but not before October 2012. If you request this accounting more than once in a one year, we may charge you a reasonable cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and explain why information should be amended. We may deny your request.

Electronic Notice: If you receive this Notice on a Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Questions and Complaints: If you want more information about our privacy practices or have questions, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer: Dr. Ana Martinez (805) 617-0686 1187 Coast Village Road, Suite 11, Santa Barbara, CA 93108

Acknowledgement of Receipt of Notice of Privacy Practices – You may refuse to sign this acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.

Signature

Date

For office use only:

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- | | |
|---|---|
| <input type="checkbox"/> Individual refused to sign | <input type="checkbox"/> An emergency situation prevented us from obtaining acknowledgement |
| <input type="checkbox"/> Communications barriers prohibited obtaining the acknowledgement | <input type="checkbox"/> Other: _____ |