

JEFFREY D. BACKUS, D.M.D., P.C.

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NOTICE OF PRIVACY POLICIES

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 applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect (04/14/03), and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice, at any time, provided such change is permitted and applicable law. We reserve the right to make the 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 the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the 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 additional copies of this Notice, please contact us using the information listed at the top of the Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

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

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

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: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give 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 written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patients Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, 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 the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. 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-ray, 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 use or 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 reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible 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 under certain circumstances. We may disclose to authorized federal officials, health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

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

PATIENT RIGHTS

Access: You have the right to look at 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. You may also request access by sending us a letter to the address at the end of this Notice. If you request 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. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

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 April 14, 2003. If you request this accounting more than once in a 12-month period, 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 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 it must explain why the information should be amended.). We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our 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 or concerns, 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 by contacting our office. You also may submit a written complaint to 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.

This Form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**** You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of the office's Notice of Privacy Practices. I agree to allow this form to represent the acknowledgement of receipt for my children (under the age of 18) who are patients.

(Please Print Name)

(Signature)

(Date)

FOR OFFICE USE ONLY

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

- Individual refused to sign
 - Communications barriers prohibited obtaining acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (Specify Reason) _____
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PRIVACY POLICY

I. INTRODUCTION

Recently, the United States Department of Health and Human Services (“HHS”) issued comprehensive regulations relating to the privacy of patients records. It is the intent of this office to comply with each of these new rules, and this policy is designed to provide a framework to accomplish this goal.

These rules apply to this office because, among other things, we transmit patient records electronically. However, the rules apply to all “protected patient information, “ whether in electronic or paper form, or whether disclosed orally. For purpose of this Privacy Policy, “protected patient information” includes any individually identifiable information, such as names, dates, phone/fax numbers email addresses, home addresses, social security numbers, and demographic data. Employment records are not use in connection with the provision of employment.

II. PRIVACY OFFICAL

Dr. Jeff Backus shall be this office’s “privacy official.” As such, he/she shall be responsible for implementing this Privacy Policy, as well as developing any future amendments or revisions to this Policy.

III. CONTACT PERSON

Kathie Todd shall be designed as this office’s “contact person.” He/she shall therefore be responsible for receiving any complaints or inquires about patient privacy matters, and responding to such complaints or inquires.

The contact person should document all complaints or inquires received.

If any patient or other person desires to make a complaint relating to patient privacy, the Contact Person shall instruct him or her to submit the complaint in writing. The Contact Person shall then investigate the complaint or inquiry, determine a resolution in conjunction with Dr. Backus, and respond to the complainant or inquirer as to the results of the investigation and resolution.

If any inquiry is complaint, the person shall be advised of his/her right to file a complaint with HHS and notified that the complaint must be filed within 180 days of the date of the alleged violation.

IV. PRIVACY TRAINING

This office will routinely undertake privacy training for all staff. The training will occur on an annual basis for all exiting staff, unless otherwise changes to a more frequent basis. In addition, all new staff shall participate in privacy training immediately upon their commencement of employment with this office. A written record of this training will be maintained by the Privacy Official.

V. USE AND DISCLOSURE OF PROTECTED PATIENT INFORMATION

A. GENERALLY

No protected patient information shall be used or disclosed in any manner other than in conformity with this Policy. Staff should always be mindful of the need to maintain confidentiality of patients' records and protected health information. Thus, for example, in certain instances it may be appropriate to the lower voices or request-waiting patients stand a few feet away from patients with whom you are discussing treatment aspects, scheduling appointments, ect.

Access to protected patient information shall only be given to the following staff members (insert titles): Kathie Todd, Clinical Coordinator and Lisa Feltham, Office manager.

B. NOTICE AS TO USE AND DISCLOSURE OF PATIENT INFORMATION

The form Notice attached to this Policy shall be given to all patients at their first appointment. A copy of the signed and dated notice must be maintained in each patient's file.

The notice may be amended upon approval of Dr. Backus. If the Notice is amended, it must be amended promptly and distributed to all patients who have been given the earlier version(s). No material change to the Notice will be implemented prior to the effective date shown on the revised notice.

C. CONENT TO USE AND DISCLOSE PATIENT INFORMATION

The form Consent attached to this policy is optional and may, the option of Dr. Backus, be presented to all patients with the notice. If it is used, it should be presented at their first appointment and prior to the disclosure of any of the patient's protected health information, and must be signed and dated by the patient. A copy of the signed and dated Consent shall be kept in the patient's file.

This form relates to the use or disclosure of any protected patient information in connection with treatment, payment or "health care operations." (Health care operations include performance reviews, training, obtaining professional liability insurance, certification, accreditation and licensing.)

The Notice and Consent may not be combined on the same form.

D. AUTHORIZATION TO USE AND DISCLOSE PATIENT INFORMATION.

If Dr. Backus ever determines that protected patient information will be used or disclosed for any other purpose other than connection with treatment, payment or health care operations (defined above), then the patient must sign the form Authorization attached to this Policy. For example, this form would be appropriate where the patient's information will be used to determine whether to hire the patient, making a disclosure of the information to a financial institution, marketing, ect.

Special rules apply (and additional items must be included in the Form) where Dr. Backus intends to use the protected health information for his own purposes, additional items are requested by Dr. Backus in connection with disclosure by other third parties, or where the use or disclosure relates to research that includes the patient's treatment.

A patient will not be refused treatment on the basis of his /her refusal to sign the Authorization form, unless the treatment will be used for research, in which case treatment may be refused at the option of Dr. Backus. A patient may revoke the Authorization in writing at any time. In general, the form Authorization should be reviewed by legal counsel prior to signature by the patient.

E. "MINIMUM NECESSARY" USE AND DISCLOSURE OF PATIENT INFORMATION FOR NON-TREATMENT PURPOSES

Wide latitude is given as to the use or disclosure of patient information for purposes of treatment. Thus, any information that Dr. Backus deems appropriate will be used or disclosed.

However, if the use or disclosure of protected patient information occurs for any other reason (i.e., for payment, reimbursement or health care operations, ect.), the Information used, disclosed or requested must be limited to the minimum degree necessary to accomplish the purpose for which the use, disclosure or request is made. (Note that this restriction does not apply to uses or disclosures of the information to the patient to whom the information relates.)

F. DISCLOSURES TO SERVICE PROVIDERS

Any disclosure to service providers by this office (i.e. labs, collections agencies, attorneys, accountants, ect.) may only occur after safeguards are in place. Namely, there must be a written agreement substantially in the form attached to this Policy prior to the release of any protected patient information. Because there are special rules in the privacy regulations relating to vendors and unique state laws, the attached form should be reviewed by legal counsel prior to signature.

VI. SPECIFIC PATIENT REQUEST

A. FOR RESTRICTIONS ON USE AND DISCLOSURE

Patient may request restrictions on the use and disclosure of their protected health information. However, we are not obligated to honor these requests. But if we elect to honor the request, we must adhere to it. Any denial must be in writing.

B. FOR COMMUNICATION OF THEIR INFORMATION

Patients have the right to request confidential communication of their protected health information. For example, they may request that the information be communicated by alternative means (i.e., sending correspondence to their office rather than to their home). If such a request is made, it should be in writing and we will abide by that request as long as it is reasonable. We are not allowed to inquire as to the reason(s) for request.

C. FOR INSPECTION AND COPIES OF THEIR RECORDS

Consistent with applicable ethics rules of the American Association of Orthodontists and the new privacy rules, we will provide patient records to them or their designee at any time. However, special permission from Dr. Backus must be obtained prior to releasing the information is compiled in anticipation of, or for use in, litigation or administrative (i.e. dental board) proceedings. (The new privacy rules do not require that the information be provided to the patient in those instances.) Any denial must be in writing.

We have 30 days after receiving a request for access or copies from a patient within which to provide the access or information, unless the data is maintained off-site, in which case we have 60 days from the date of the request. A 30-day extension may be obtained if, within the initial 30-day period, we provide written notice to the patient of the reasons for the delay and give a date on which we will provide a response.

D. TO AMEND OR MODIFY THEIR HEALTH INFORMATION

From time to time, patients may request that their protected health information be modified. Generally, we will honor their requests. However, such requests will be honored if the information is accurate and complete, or if we did not create the information.

If we honor the request, we must obtain a list of persons or entities that the patient wants us to inform of the amendment from the patient, along with the patient's authorization to inform them. We must undertake reasonable efforts to notify those persons or entities of the amendment.

If we deny the request, the denial must be in writing and advise the patient of (1) the reasons for denial, (2) their right to submit a "written disagreement", (3) his/ her to ask that the request to amend and our denial be included with any future disclosure of the subject information if not "written disagreement" is submitted, and (4) his /her right to file a complaint with HHS Secretary.

We must respond to any request to amend health information within 60 days of receiving the request. An additional 30 days is allowed if, within the original 60-day period, we notify the patient of the reason(s) for the delay and provide a date on which we will provide a response.

E. FOR AN ACCOUNTING OF DISCLOSURE

If requested and unless an exception exists, we will provide patients with a written accounting of all disclosures of their protected health information that we have made for the period requested, but not to exceed six years from the date of the request.

Unless decided otherwise by Dr. Backus, we will not provide disclosures relating to the following:

1. Treatment of the patient, including disclosures made to other treatment providers (i.e., their general dentist, Periodontists, ect.);
2. Payment by or on behalf of the patient;
3. Health Care Operations (i.e. information disclosed in connection with performance reviews, training, certification, accreditation or licensing);
4. Disclosure made to the patient or those involved in the care of the patient;
5. Incidental disclosures (i.e., from sign- up sheets, overhead conversations, ect.);
6. Any disclosures that occurred pursuant to an Authorization signed by the patient or,
7. Any disclosures that occurred prior to April 14, 2003.

We must respond to a patient's request for an accounting of disclosures within 60-days of the request. We can obtain an additional 30-days to respond by, within the initial 60-day period, providing the patient with written notice of the reason(s) for the delay and giving a date on which a response will be provided.

Patients are entitles to one free accounting within 12-month period. Any further request for an accounting of disclosures may involve a reasonable fee, which will be determined by Dr. Backus on a case-by –case basis.

VII. VIOLATION OF PRIVACY POLICY

Any violation of this Privacy Policy shall be grounds for discipline, including termination. Compliance with this Policy is required in addition to all other office personnel policies, if any.

PRIVACY CONSENT

This form is optional under the new patient privacy regulations recently issued by the United States Department of Health and Human Services. We have elected to use this form. Prior to commencing your orthodontic treatment, you should review, sign and date this form.

Your protected health information (i.e., individually identifiable information such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, and demographic data) may be used in connection with your treatment, payment of your account or health care operations (i.e., performance reviews, certification, accreditation and licensure).

You have the right to review our office's privacy notice prior to signing this Consent, a copy of which was given to you with this Consent.

You have the right to request restrictions on the use of your protected health information. However, we are not required to, and may not, honor your request.

We may amend the attached privacy notice at any time. If we do, we will provide you with a copy of the changes, and the changes may not be implemented prior to the effective date of the revised notice.

You may revoke this Consent at any time in writing. However, such revocation will not be effective to the extent that any action had been taken in reliance on this Consent.

Thank you for your cooperation. Please let us know if you have any questions.

Patient's Signature

Print Name

Date