



Larry J. Adatto DDS
7347 35th Ave NE Suite C
Seattle, WA 98115
(206) 526-9040

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL AND OTHER PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE NOTICE CAREFULLY.

We respect your privacy and understand that medical information about you and your health is personal and sensitive. In 1996 The United States Congress enacted a law titled the Health Insurance Portability & Accountability Act, commonly known as HIPAA, to help protect the privacy of individual health information that we have created, collected and continue to maintain in our facility. The law describes our obligations to the use & disclosure of your information, it also describes your rights to access, restrict disclosure and to request amendment to information on your medical record.

EXAMPLES OF INFORMATION WE MAY COLLECT AND MAINTAIN

Your name, address, telephone number, social security number, date of birth, gender, marital status, assets, income, E-mail address, policy or account number, account balance, policy coverage, premium payment, claims history, premium contribution amounts, medical information, motor vehicle reports, details about your transactions with insurance companies and details from consumer reporting agencies.

INFORMATION WE ARE PERMITTED TO USE AND DISCLOSE WITHOUT AN AUTHORIZATION

We may use and share the personal information described above. We will use and share it only as permitted or required by law. Examples include, but are not limited to the following situations:

- To those who act on our behalf. They are required to keep the information confidential. They are required to use the information only to provide the services we have asked them to provide. They may include payment processing companies, mailing houses, data processing companies, system support vendors and Internet vendors.
- To the individual who is the subject of the information.
- For payment such as using details received from an insurance company to coordinate benefits.
- For health care operations such as exchanging information with insurance companies to detect or prevent criminal activity, fraud and material misrepresentation.
- For public health activities such as to prevent or control disease, injury or disability.
- To health oversight agencies for compliance purposes.
- In response to a court or administrative order.
- In response to a subpoena, discovery request or other lawful process by another person involved in a dispute.
- For law enforcement purposes.
- To coroners, medical examiners or funeral directors.
- To avert a serious threat to health or safety to you, another person or the public.
- To federal officials for intelligence, counterintelligence and other national security activities.
- To worker's compensation or other programs that provide benefits for work-related injuries or illness.

ALL OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION

All other uses and sharing of personal information not permitted or required by law will be made only with your written authorization. You may revoke the authorization in writing. If you do, we will no longer use or share the information for the reasons covered by the authorization; unless we have taken action based on the authorization. We are unable to withdraw any disclosures we have already made with your authorization.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

With respect to your personal health information, you have the following rights:

- To inspect and obtain a copy of it.
- To request that we amend it.
- To receive detailed information about disclosures made since April 14th, 2003.
- To request that we communicate with you about it by alternative means or at an alternative location if our sharing of all or part of it could endanger you.
- To request that we restrict the use and sharing of it.

There are some exceptions to these rights and we may not agree to some of your requests. We will review your written request, communicate with you regarding it and try to accommodate it within the legal framework and within our office business practice.

FORMER CUSTOMERS

If your customer relationship with this clinic ends we will still treat your information as described in this notice.

SECURITY OF PERSONAL INFORMATION

We have taken the appropriate steps to maintain physical, administrative and technical safeguards to guard your information. We have placed limitation on employee access to information based on job duties.

FAIR CREDIT REPORTING ACT NOTICE

In some cases, we may ask a consumer reporting agency to compile an investigative consumer report about you. If we request such a report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the federal Fair Credit Reporting Act.

OUR DUTIES

We are required to keep your personal information private. We are providing this notice of our legal duties and privacy practices. We will abide by the terms of this notice as currently in effect.

If you believe your privacy rights have been violated, you may send a written complaint to Larry Adatto's office, attention HIPAA Office at the address below.

7347 35th Ave NE, Suite C
Seattle WA 98155
206.526.9040

You may also write to the Secretary of the Department of Health and Human Services.

2201 Sixth Ave, Suite 900
Seattle WA 98121-1831
206.615.2287

We reserve the right to change the terms of our notice. We reserve the right to make the new notice apply to all personal information that we maintain. We will send a new notice within 60 days of any material change. We will mail it to your last known address or by E-mail if you have agreed to electronic notice.

For more information please contact: Sharon Adatto at 206.526.9040

If you have read and understood the Notice of Privacy Practices document, we ask you to please sign the NPP acknowledgment form.