

Smart Smiles Notice of Privacy Practices

This notice describes how medical information about your child may be used and disclosed, and how you can access that information. Please review it carefully.

Purpose:

We understand that medical information about your child is personal and we are committed to protecting that information. We create a record of the care and services in order to provide your child with quality care and to meet the legal requirements.

This Notice of Privacy Practices describes how our dental care partners may use and disclose information about your child that may identify him/her and his/her health care. This Notice of Privacy Practices also describes your rights to access and control your child's medical information.

This Notice of Privacy Practice is a joint notice and applies to both the Boys & Girls Clubs of Martinsville Henry County and the health care providers who treat you so that we can share information a necessary to carry out treatment, payment and health care operations while working cooperatively to protect your privacy.

The health care providers treating you will have their own policies and procedures, and their own Notices of Privacy Practices. However, while caring for you at the dental practice, we will all follow the terms of this Notice of Privacy Practices.

Written Acknowledgement

You will be asked to sign a written statement that you have received a copy of this notice on the attached forms.

Your Rights:

The following is a statement of your rights related to your medical information.

You have the right to review and copy your information. You may review or receive a copy of your information. The information you may review or request may have medical billing and other records that we use for making decisions.

You have the right to request that a restriction be placed on the use or disclosure of your information. This means you may ask us not to use or share any part of your information for treatment, payment or health care operations. You may also ask that any part of your information not be shared with family members or friends who may be involved in your care. These requests must be made in writing.

You have the right to ask that we change the way we handle your confidential information. We will try to honor your request, but we may still ask you for information about how payment will be made or other information needed to care for you. Please make any request in writing.

You may have the right to ask us to make corrections to your information. In certain cases, we may deny your request. If we deny your request to change your information, you have the right to ask us to reconsider our decision. We will respond to you in writing.

You have the right to receive a listing of certain disclosures we have made of your information. This right applies to disclosures for purposes other than treatment, payment or health care activities. It will not include disclosures we may have made with your permission to you, to families members or friends involved in your care, or to notify you of an appointment. You have the right to receive specific information regarding these disclosures. Your right to receive this information has certain exceptions, restrictions and limitations.

You have the right to obtain a more extensive description of Privacy Practices for the specific dental provider who is seeing your child.

Complaints

Please let us know if you believe we have violated your privacy rights. Please either contact the Privacy Officer at the dental office or the Smart Smiles coordinator who will be happy to assist you in filing a complaint. Any complaints made will not be held against you. If you do not wish to file a complaint with us, you may file one with the United States Secretary of Health and Human Services.

Questions?

If you have any questions about this notice or require additional information, please contact the Smart Smiles coordinator at the Boys & Girls Clubs of Martinsville Henry County at 656-1171.