

# BROADMOOR DENTAL NOTICE OF PRIVACY PRACTICES

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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/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 taking effect 08/01/2005 and remaining 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 changes are permitted by applicable law, 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.

USES AND DISCLOSURES OF HEALTH INFORMATION - We use and disclose health information about you for treatment, payment, and healthcare operations. For example, we may use or disclose your health information to a physician or other healthcare provider providing treatment to you. We may use and disclose your health information to obtain payment for services we provided to you. We may use and disclose your health information in connection with our healthcare operations including quality assessment, improvement activities, evaluation of practitioner performance, training programs, accreditations, certifications, licensing and/or credentialing activities.

YOUR AUTHORIZATION - In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose, with the ability to revoke this authorization in writing at any time. Unless you gave us a written authorization, we cannot use or disclose your health information for any reason except those described in 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 health care, but only if you agree that we may do so.

PERSON 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, of 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 judgement disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement 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 information for marketing communications without your written authorization.

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 and safety of others.

NATIONAL SECURITY - We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances to authorized federal officials health information required by lawful intelligence, counterintelligence, and other national security activities, to correctional institutions or law enforcement officials 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 and 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.

DISCLOSURE ACCOUNTING - You have the right to receive a list of instances which we disclosed health information for purposes, other than treatment, payment healthcare operations and certain other activities, for the last 6 years from the current date of the request. 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 request.

RESTRICTION - You have the right to request that we place additional restriction(s) 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. 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.

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 using the contact information listed at the end of this notice. You may also submit a warrant to the U.S. Department of Health and Human Services.

Contact Officer: Dr. Nicolas R. Pruett, D.D.S.

Telephone: 719.576.5566 Address: 830 Tenderfoot Hill Road, Suite 210, Colorado Springs, CO 80906

Fax: 719.576.1100 Email: info@broadmoordental.com

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

I, \_\_\_\_\_, have received a copy of the Broadmoor Dental Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For Office Use Only

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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 the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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