**Please keep this page for your records.**

**Notice of Privacy Practices.**

This notice describes how your medical information may be used and disclosed, and how you can access this information.

 **Please review it carefully.**

**Patient Privacy**

Safeguarding patient privacy is a priority at Marc Nelson, DMD Family Dentistry. We follow strict federal and state guidelines to maintain the confidentiality of patient medical information.
**How Do We Use Your Medical Information?**

When you visit Marc Nelson, DMD Family Dentistry, we use your medical information to treat you, to obtain payment for services, and to conduct normal business known as health care operations. Examples of how we use your information include:

* **Treatment** – We will use your health information to provide you with dental treatment or services, such as cleaning or examining your teeth or performing dental procedures. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care.
* **Payment** – We document the services and supplies you receive at each visit so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatment or services that require prior approval.
* **Health Care Operations** – We may use and disclose health information about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.

**Patient Decisions**

Services listed below that are followed by a star (\*) are optional by the patient. You should tell the office manager that you do not wish to participate.
**Other Services**

We may also use your information to:

* Send appointment reminders.\*
* Conduct research following strict internal review to ensure protection of information & patient consent.\*
* Recommend treatment alternatives.
* Tell you about health benefits and services.
* Communicate with family or friends involved in your care (i.e. spouse, power of attorney).
* Communicate with other Marc Nelson, DMD Family Dentistry organizations or associates for treatment, payment or healthcare operations. Business associates must follow our strict privacy rules.

**Need More Information?**

* Call or write the Privacy Officer at the number and address listed at the end of this notice.

• Request a copy of Marc Nelson, DMD Family Dentistry’s Notice of Health Information Practices.

**Information We May Share**

On a limited basis, we are permitted or required to disclose medical information without permission. These situations are listed below:

* For public health activities such as tracking diseases or medical devices.
* To protect children and elderly victims of abuse or neglect.
* For federal and state health oversight activities such as fraud investigations.
* For judicial or administrative proceedings when required by a court order.
* Law enforcement: for reporting of certain types of injuries; with a warrant, subpoena or other legal process; or for the purpose of identifying or locating a suspect, fugitive, material witness, or missing persons.
* To coroners, medical examiners and funeral directors.
* To coordinate organ donation.
* To avert serious threat to public health or safety.
* For specialized government functions such as national security and intelligence.
* To a Workers’ Compensation carrier if you are injured at work.
* To a correctional institution if you are an inmate with a health emergency.

*All other uses and disclosures, not previously described, may only be done with your signed authorization. You may revoke your authorization at any time.*

**Our Responsibilities**

Marc Nelson, DMD Family Dentistry is required by law to:
• Maintain the privacy of patient medical information.
• Provide a notice of our duties and privacy practices.
• Abide by the terms of the notice currently in effect.
This notice takes effect 3/15/2013, and will remain in effect until we replace it. We reserve the right to change privacy practices and make the new practices effective for all the information we maintain. Revised notices will be posted in our facilities and available from our web site. You may also request a paper copy.
**Patient Rights**
You have the right to:
• Request restrictions as to how we may use or disclose your medical information. (We may not be able to comply with all requests i.e. insurance billing.)
• Request that we use a specific telephone number or address to communicate with you.
• Inspect and copy your medical information (fees may apply).\*

• Obtain a paper copy of the notice even if you receive it electronically.
\*Requests must be in writing.

**To Contact Us**

If you would like to exercise your rights, or if you feel your rights have been violated:

Contact the Privacy Officer

Phone: (775)882-4242

Address: Marc Nelson, DMD

 710 N. Division St.

 Carson City, NV 89703

You also can learn more, including how to file a complaint with the U.S. Government, at the website at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) All complaints will be thoroughly investigated; patients will not suffer retaliation for filing a complaint.