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## Privacy Policy (HIPAA)

**Haas Dental Dover takes patient privacy very seriously and protecting confidential health information is of the utmost concern to our office. Please be advised of the following regarding our privacy practices:**

We will use and disclose your health information as it pertains to three topics: treatment (i.e. working with other providers, orthodontists, oral surgeons, etc.); payment (i.e. to obtain payment from an insurance company) or healthcare operations (various action taken by health care companies-i.e. audits; quality assessments, etc.). There are times when we will disclose your child's information to another healthcare provider without consent. You can request disclosure of health information to any party. It is our office policy that said request must be done in writing to our office. Release of this information will be done at our discretion. We can, at our discretion, impose a reasonable, cost based fee for the cost of copying said records. Any permission that you provide to our office can be revoked at any time and must be done in writing. Our general office policy is that disclosure of information to anyone other than the legal guardian requires explicit written consent. At times implied consent may be applied and information shared with a caretaker that has brought the patient to the appointment (i.e. treatment needs; scheduling appointments, etc.). If an emergent situation arises and we are unable to obtain consent from a legal guardian we will use our best judgment in releasing any information to any caregivers. Information will be transmitted until such time as written consent can be obtained from the patient's legal guardian. Please be advised that we are required by law to make certain disclosures to the Department of Health and Human Services if they request information from our office. Please also be advised that we are required by law to disclose information when we suspect abuse or neglect. Our office often times will use mailings or phone calls as a way of contacting patients (i.e. appointment reminder cards, continuing care cards, birthday cards, correspondence regarding missed appointments, etc.). These can be restricted by you at any time. If you would like to restrict these, we request a formal written request. Although our office makes every effort to protect information, from time to time an incidental disclosure of information may happen when another patient or parent may hear a conversation in our office. We make every effort to minimize and eliminate any possibility of this happening however at times it will be unavoidable. Our office will employ a principle of minimum necessary when releasing information and only release essential information.

**Below is a brief summary of your rights as our patient:**

It is our policy that our patients always have access to their designated record set. Depending on who is making the request we may request a written request for release of information. Also, it is at our discretion to impose a reasonable and customary fee for release of records. We will make every effort to release records as expeditiously as possible, however preparation of same may, at times, take two full business days depending on the nature of the request received. Patients are allowed to amend their records when we have complete or inaccurate information. Individuals have a right to a disclosure accounting if requested from the patient. We must release only certain disclosures that have occurred in the past six years. Patients may file a restriction request whereby we would be restricted in our use or disclosure of protected health information. We are under no obligation to grant this request however if we do grant the request we must comply with the restrictions unless in the case of a medical emergency. Said requests for restrictions must be made in writing. Our office generally uses four methods of communication: verbal face to face communication; regular United States mail (letter or postcards); telephone communications; and electronic mail. You can restrict any of these at any time by submitting a written request. This can include something as simple as restricting telephone numbers that we use.

**Below are your options if you do not agree with a disclosure or restriction we have made:**

If you are worried about a disclosure or restriction we have made regarding your record please submit written correspondence regarding same to Office Manager, Haas Dental Dover, 750 Central Ave, Suite B, Dover New Hampshire 03820. You can also direct questions regarding this policy to either Dr. Haas, Dr. Sullivan, or the privacy coordinator who is the office manager. You can also, at any time, submit a written complaint to the Secretary of Health and Human Services. Please direct any questions regarding this policy to the Office Manager.