

## Notice of Privacy Practices

This notice describes how medical or dental information about you may be used and disclosed and how you can get access to this information. This notice is effective January 1, 2023 and will remain in effect until it is replaced. We reserve the right to change our privacy practices and the terms in this Notice while it is in effect. In the event that any significant changes occur in our privacy practices we will make an updated version of this notice available prior to implementing changes. **Please review it carefully.**

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the following duties and privacy practices and provide you a copy of the notice.
- We will not use or share your information other than as described here unless you tell us we can in writing.

### **Uses and Disclosure of Protect Health Information**

- **Treatment:** We may use your health information for treatment or disclose it to other healthcare professionals who are treating you. *Ex: Another dentist or dental specialist or your physician*
- **Healthcare Operation:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Payment:** We can use and share your health or dental information to bill and get payment from your dental insurance plans or other entities that are subject to federal privacy rules.
- **Your Authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke this authorization in writing at any time.
- **Your Family and Friends:** We may disclose your health information to a family member, friend or other person to the extent necessary to help with healthcare, or payment of healthcare services. Before we disclose your health information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of an emergency or incapacitation, we will disclose your information based on professional judgement only in your best interest.
- **Appointment Reminders:** We may use or disclose information regarding scheduled appointments (voicemails, texts, email, postcards/letters)
- **Disaster Relief:** We may use or disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
- **Public Health and Safety:** We may use or disclose your medical information as authorized by law for the purposes deemed to be in interest of public health and safety.
  - As required by law
  - Public Health: prevention of disease, FDA oversight, product recalls, adverse reactions to medications
  - Employers in regards to work-related illness or injury
  - As authorized by state worker's compensation laws
  - Suspected abuse, neglect or domestic violence

- Court and administrative orders or other lawful processes, in regards to crimes or victims, suspicious deaths, or identification of victims/suspects or other persons
- To coroners, medical examiners, and funeral directors
- Response to organ or tissue donation requests
- To avoid serious threat to health and safety

## Your Rights

- You have a right to obtain a copy of your medical/dental healthcare record. We will provide your record in the format your request unless we cannot practicably do so. Any request for your health record must be submitted in writing. There will be a reasonable cost-based fee for copies of your record to account for labor, materials, postage, etc.
- You have a right to obtain a list of instances in which we disclosed your health information
- You may request that we amend your paper or electronic medical record. Your request must be in writing and must explain why we should amend your record. We may deny your request under certain circumstances.
- You have the right to request that we place additional restrictions on our use and disclose of your health information. These requests must be made in writing. We are not required to agree with these restrictions, but if we do, we will abide by our agreement (except in cases of emergencies).
- Request confidential communication or discuss your health information in alternative locations. This request must be in writing and must state the alternative means you request. We will abide by all reasonable requests.  
*Ex: Use only office phone number or send mail to different address*

## Questions and Complaints

- You can file a complaint if you feel we have violated your rights by contacting us using the information below.

**Martin N. Baker DDS PA**  
**1312 Commerce Dr.**  
**New Bern, NC 28562**  
**Phone: (252) 637-1919**  
**Email: [office@spadds.com](mailto:office@spadds.com)**

- You may also file a complaint with the U.S. Department of Health and Human Services Office, address can be provided upon request. We will not retaliate against you for filing a complaint.