



## The University of Alabama at Birmingham School of Dentistry NOTICE OF HEALTH INFORMATION PRACTICES

Effective Date: April 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **WHO WILL FOLLOW THIS NOTICE.**

This notice describes the health information practices of The University of Alabama at Birmingham School of Dentistry and how the terms of this notice are followed. Different departments of the UAB School of Dentistry and different entities within the UAB School of Dentistry may also share your medical and dental information for treatment, payment, or clinical operation purposes as described in this notice.

### **OUR PLEDGE REGARDING DENTAL/MEDICAL INFORMATION:**

We understand that dental and medical information about you and your health is personal and we are committed to protecting this information. We create a record of the care and services you receive at the UAB School of Dentistry. We need this record to provide quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the UAB School of Dentistry, whether made by clinic/hospital personnel or your personal doctor. This notice will inform you of the ways in which your medical and dental information may be used and disclosed. We also describe your rights and certain obligations we have regarding the use and disclosure of medical and dental information. We are required by law to:

- ensure that medical and dental information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical and dental information about you; and
- follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL AND DENTAL INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose medical and dental information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment and Treatment Alternatives.** We may use medical and dental information about you to provide you with dental treatment or services. We may disclose medical and dental information about you to dentists, doctors, nurses, technicians, medical and dental residents or students, or other UAB School of Dentistry personnel or people outside our facility who are involved in providing care for you. Different departments of the UAB School of Dentistry and different entities within the UAB School of Dentistry also may share your medical and dental information in order to coordinate

your treatment. Your medical and dental information may also be disclosed to entities outside the UAB School of Dentistry who may be involved in your medical and dental care after you leave, such as your physician, family members, or others we use to provide services that are part of your care. We may use and disclose your medical information to tell you about or recommend possible treatment options that may be of interest to you.

- **For Payment.**

We may use and disclose medical and dental information about you so that the treatment and services you receive through the UAB School of Dentistry may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your dental or health plan information about dental work or surgery you received at the UAB School of Dentistry so your dental or health plan will pay us or reimburse you for the services rendered. We may also tell your dental or health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Routine Dental Care Operations.**

We may use and disclose medical and dental information about you for the UAB School of Dentistry's routine operations. These uses and disclosures are necessary to run the UAB School of Dentistry and make sure that all of our patients receive quality care. For example, we may use medical and dental information to review our treatment and services and to evaluate our staff's performance of your care. We may also combine medical and dental information about many UAB School of Dentistry patients to decide what additional services the UAB School of Dentistry should offer, what services are not needed, and whether certain new treatments are effective. Information may also be disclosed to dentists, doctors, nurses, technicians, medical and dental residents and students, and the UAB School of Dentistry personnel for review and learning purposes. We may also combine the medical and dental information we have with medical and dental information from other entities to compare how we are doing and see where improvements can be made in the care and services we offer. We may remove information that identifies you from this set of medical and dental information so others may use it to study health care and health care delivery.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical and dental information about you to a friend or family member who is involved in your dental care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the clinic. In addition, we may disclose medical and dental information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- **Appointment Reminders and Health-Related Benefits and Services.** We may use and disclose medical and dental information to contact you as a reminder that you have an appointment for treatment or dental care at the UAB School of Dentistry. We may use and disclose medical and dental information to tell you about health-related benefits or services that may be of interest to you.

- **Research.** Under certain circumstances, we may use and disclose medical and dental information about you to researchers when their clinical research study has been approved by UAB's Institutional Review Board. While most clinical research studies require specific patient consent, there are some instances where patient authorization is not required. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. This would be done through a retrospective record review with no patient contact. The Institutional Review Board reviews the research proposal to make

certain that the proposal has established protocols to protect the privacy of your health information.

- **Fundraising Activities.** We may use medical and dental information about you to contact you in an effort to raise money for the UAB School of Dentistry. We may disclose medical and dental information to a foundation related to the UAB School of Dentistry so that the foundation may contact you in raising money for the UAB School of Dentistry. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the UAB School of Dentistry. If you do not want the UAB School of Dentistry to contact you for fundraising efforts, you must notify the UAB School of Dentistry Privacy Coordinator in writing.
- **Certain Marketing Activities.** The UAB School of Dentistry may use medical and dental information about you to forward promotional gifts of nominal value, to communicate with you about services offered by the UAB School of Dentistry, to communicate with you about case management and care coordination and to communicate with you about treatment alternatives.
- **Business Associates.** There are some services provided in the UAB School of Dentistry through contracts with business associates. Examples include dental laboratories involved in making crowns, bridges or dentures etc., consultants, accountants, lawyers, and third party billing companies. When these services are contracted, we may disclose your dental and health information to our business associate so that they can complete the authorized request. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **As Required By Law.** We will disclose medical and dental information about you when required to do so by federal, state or local law.
- **Public Health Activities.** We may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required to report the existence of a communicable disease, such as tuberculosis, to the Alabama Department of Public Health to protect the health and wellbeing of the general public. We may disclose medical information about you to individuals exposed to a communicable disease or otherwise at risk for spreading the disease. We may disclose medical and dental information to an employer if the employer requires the healthcare services to determine whether you suffered a work-related injury.
- **Food and Drug Administration (FDA).** We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Victims of Abuse, Neglect or Domestic Violence.** We are required to report child, elder, and domestic abuse or neglect to the State of Alabama.
- **Health Oversight Activities.** We may disclose medical and dental information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose

medical and dental information about you in response to a court or administrative order. We may also disclose medical and dental information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may disclose medical and dental information for judicial or administrative proceedings, as required by law.

- **Law Enforcement.** We may release medical and dental information for law enforcement purposes as required by law, in response to a valid subpoena, for identification and location of fugitives, witnesses or missing persons, for suspected victims of crime, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical and dental information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical and dental information about patients to funeral directors as necessary to carry out their duties.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical and dental information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical and dental information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may release medical and dental information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical and dental information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Workers' Compensation.** We may release medical and dental information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical and dental information about you to the correctional institution or law enforcement official.
- **Other uses and disclosures.** Any other uses and disclosures will be made only with your written authorization.

## **YOUR RIGHTS REGARDING MEDICAL AND DENTAL INFORMATION ABOUT YOU.**

Although all records concerning your treatment obtained at the UAB School of Dentistry are the property of the UAB School of Dentistry, you have the following rights regarding medical and dental information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical and dental information that may be used to make decisions about your care. Usually, this includes medical, dental, and billing records. To inspect and copy medical and dental information that may be used to make decisions about you, you must submit your request in writing on the required form to the UAB School of Dentistry Privacy Coordinator. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical and dental information, you may request that the denial be reviewed. Another dentist chosen by the UAB School of Dentistry will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
  
- **Right to Amend.** If you feel that medical and dental information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the UAB School of Dentistry. To request an amendment, your request must be made in writing on the required form and submitted to the UAB School of Dentistry Privacy Coordinator. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - is not part of the medical and dental information kept by or for the entity;
  - is not part of the information which you would be permitted to inspect and copy;
  - or
  - is accurate and complete.
  
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical and dental information about you. To request this list or accounting of disclosures, you must submit your request in writing on the required form to the UAB School of Dentistry Privacy Coordinator. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
  
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical and dental information we use or disclose about you for treatment, payment or clinical operations. You also have the right to request a limit on the medical and dental information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing on the required form to the UAB School of Dentistry Privacy Coordinator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical and dental matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing on the required form to the UAB School of Dentistry Privacy Coordinator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Revoke Authorization.** You have the right to revoke your authorization to use or disclose your medical and dental information except to the extent that action has already been taken in reliance on your authorization.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.  
You may obtain a copy of this notice at:

The University of Alabama at Birmingham School of Dentistry  
 Attention: Privacy Coordinator  
 SDB 210  
 1530 3<sup>rd</sup> Ave S  
 Birmingham, AL 35294-0007

## CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical and dental information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the UAB School of Dentistry facilities. The notice will contain on the first page the effective date. In addition, each time you visit the UAB School of Dentistry to receive services, we will make available a copy of the current notice in effect.

## FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the UAB School of Dentistry Privacy Coordinator. If you believe your privacy rights have been violated, you may file a complaint with the UAB School of Dentistry or with the Secretary of the Department of Health and Human Services. To file a complaint with the UAB School of Dentistry, contact the Entity Privacy Coordinator. All complaints must be submitted in writing.  
**You will not be penalized for filing a complaint.**

**NOTICE EFFECTIVE DATE:** The effective date of the notice is April 14, 2003.

### Entity Privacy Coordinator:

The University of Alabama at Birmingham School of Dentistry  
 Privacy Coordinator  
 School of Dentistry Building, Suite 210  
 1919 Seventh Avenue South  
 Birmingham, AL 35249-0007  
 205-934-3077

**Mailing Address**  
 Privacy Coordinator  
 SDB 210  
 1530 3<sup>rd</sup> Avenue South  
 Birmingham, AL 35294-0007



# University of Alabama School of Dentistry

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## Acknowledgement of Receipt of Notice of Health Information Practices

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I understand that The University of Alabama School of Dentistry, may use my health information for treatment, billing and healthcare operations. I have been given a copy of the organization's Notice of Health Information Practices that describes how my dental health information is used and shared. I understand that the organization has the right to change this notice at any time. I may obtain a current copy by contacting the University of Alabama School of Dentistry.

**My signature below constitutes my acknowledgement that I have been provided with a copy of the Notice of Health information Practices.**

\_\_\_\_\_  
Print (Patient's Name)

\_\_\_\_\_  
Dental Chart Number

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

If signed by a legal representative, relationship to patient: \_\_\_\_\_

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**For Office Use Only**

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\_\_\_\_\_  
School of Dentistry Representative's Name

\_\_\_\_\_  
Department

Revised 3/3/04