

## NOTICE OF PRIVACY PRACTICES

At **Akron Periodontics & Dental Implantology** we are committed to maintaining the privacy and security of your protected health information (PHI). This Notice of Privacy Practices describes how we use and disclose your health information and how you can access it. Please review it carefully.

### Uses and Disclosures of Your Protected Health Information (PHI)

We may use and disclose your health information for the following purposes:

1. **Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your dental care and treatment. For example, we may discuss your treatment needs with other healthcare providers involved in your care.
2. **Payment:** We may use and disclose your PHI to obtain payment for services we provide, such as submitting claims to your insurance provider, verifying coverage, and managing billing or collection activities.
3. **Healthcare Operations:** We may use and disclose your PHI for healthcare operations, such as quality improvement, auditing, and administrative purposes.
4. **Appointment Reminders and Communications:** We may contact you by phone, mail, or email to remind you of upcoming appointments or follow-up care.
5. **Legal Requirements:** We may disclose your PHI when required by law or to comply with legal or regulatory obligations, such as reporting certain injuries or illnesses to authorities.
6. **Public Health and Safety:** We may disclose your PHI to public health authorities or for other purposes related to public health, such as disease prevention, reporting, or preventing serious threats to health or safety.
7. **Other Uses and Disclosures:** We may also use or disclose your PHI for other reasons permitted or required by law.

## Your Rights Regarding Your Protected Health Information

As a patient, you have the following rights regarding your PHI:

1. **Right to Inspect and Copy:** You have the right to request copies of your health records. We may charge a fee for this service, as allowed by law.
2. **Right to Amend:** If you believe your health information is incorrect or incomplete, you have the right to request an amendment to your records.
3. **Right to Restrict Certain Uses or Disclosures:** You have the right to request restrictions on how your PHI is used or disclosed. We are not required to agree to these restrictions, but we will carefully consider all requests.
4. **Right to Receive Confidential Communications:** You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, you may request to receive communications by email or phone.
5. **Right to an Accounting of Disclosures:** You have the right to request a list of disclosures of your PHI made by our office for purposes other than treatment, payment, and healthcare operations.
6. **Right to File a Complaint:** If you believe your privacy rights have been violated, you have the right to file a complaint with our office or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

## Our Responsibilities

1. **Privacy of Your Information:** We are required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices.
2. **Notification of Privacy Practices:** We will notify you of any significant changes to our privacy practices by providing a revised copy of this notice. The revised notice will be provided at your next visit, or you may request a copy from our office.
3. **Safeguarding Your Information:** We will take all necessary measures to safeguard your PHI, including using secure systems to store and transfer information, and providing training to our staff on privacy practices.

## Changes to This Notice

We reserve the right to change the terms of this Notice of Privacy Practices. Any changes will apply to all PHI we maintain, including information created or received prior to the effective date of the revised notice. We will provide a copy of the revised notice at your next visit or upon request.

## **Contact Information**

If you have any questions or concerns about your privacy or the information in this notice, please contact:

### **Akron Periodontics & Dental Implantology**

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**T** 330-867-3320

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