



## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct you medical record

- Ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do it.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for Example, home or office phone) or send mail to a different address.
- We will say “yes” to all reasonable requests.
- We may utilize electronic mailing in text format to contact other healthcare providers, unless you state otherwise.

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## Ask us to limit what we share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share That information.

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## Get a list of those with whom we’ve Shared your information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for

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## Get a copy of this privacy notice

- You can ask for a copy of this notice at any time, even if you have agreed to receive the notice any other way. We will provide you with a paper copy promptly.

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## Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure that person has the authority and can act for you before we take any action.

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## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

# Your Choices

**For certain information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share your information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- Contact you for fundraising efforts.

*If you are not able to tell us your preference, for example, you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious imminent threat to your health and safety.*

**In these cases we never share your share your information unless you give us written permission:**

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

***NOTE** – Trimmell & Anders Orthodontics would not contact you for fundraising efforts.*

**Appointment reminders:  
Financial Information:  
Healthcare Information:**

- We may contact you by phone, by US mail, Electronic mail, or text messaging and you may choose which method we may do so.

## Our Uses and Disclosures

**How do we typically use or share your information?** We typically share your health information in the following ways.

**Treat you**

- We can use your health information and share it with other professionals who are treating you.

***Example** – A doctor treating you for orthodontics asks A general dentist about your overall health condition.*

**Run our organization**

- We can use and share your information to run our practice, improve your care, and contact you when necessary.

***Example** – We use health information about you to manage your treatment and services, for instance, notating a latex allergy to avoid latex use on you.*

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# Our Uses and Disclosures

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## Bill for your services

- We can use and share your health information to bill and get payment.

**Example** – We give information about you to your health/dental insurance plan so it will pay for your services.

**Example** – We give information about you to employers with direct reimbursement, such as health savings/flex spending, in order to obtain payment of your account.

## Certification and licensing

- We can use and share your health information to obtain certification, licensure or accreditation.

**Example** – We give information about you to state dental boards, American Board of Orthodontics, Invisalign, etc. to achieve accreditation.

## How Else We May Use Your Health Information

We are allowed OR required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/understanding/consumers/index.html)

## Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping product recalls
  - Reporting adverse reactions to medications or material
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

## Do research

- We can use or share your information for health research.

## Comply with the law

- We will share information about you if the state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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# How Else We May Use Your Health Information

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## Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Please note that we are not obligated to:**

- Amend your protected health information if, for example, it is accurate or complete; or,
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties, such as disclosures about your treatment, scheduling, etc.

## Our Responsibilities

Trimmell & Anders Orthodontics is committed to safeguard your personal health information and has taken every measure of security to do so. It is our honor to provide nothing less than exemplary service to you and your family.

- 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 duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Changes to the Terms of This Notice:**

*We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.*

*Effective Date of Notice: 9/23/2013*

### **This Notice of Privacy Practices applies to the following organizations:**

*Trimmell & Anders Orthodontics  
2143 N Collective Lane Suite A  
Wichita, KS 67206*

*Trimmell & Anders Orthodontics  
3933 N Maize Road Suite 300  
Wichita, KS 67101*

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2143 N Collective Lane Suite A  
Wichita, KS 67206  
316.260.6566  
[braces@trimmellortho.com](mailto:braces@trimmellortho.com)

3933 N Maize Road Suite 300  
Wichita, KS 67101