



## LYNNWOOD FAMILY DENTISTRY

Sue K. Lim, DDS & Steven M. Machida, DDS  
19514 64<sup>th</sup> Ave W Suite A, Lynnwood, WA 98036 Phone: (425) 771-0165

### Notice of Privacy Practices

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*This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

We are required by law to provide you with this notice that explains our privacy practices regarding your health information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information, and we also describe them in this notice.

#### **Ways in Which We May Use and Disclose Your Protected Health Information**

We keep a record of the health care services we provide you. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. The following paragraphs describe ways that we may use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive. We assure you that all the ways we are permitted to use and disclose your health information are all within one of these categories and will not be disclosed unnecessarily.

**Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will also use and disclose your health information to other dentists and/or physicians who may be treating you, or whom we have requested to be involved in your care. *For example* – we would disclose your health information to a specialist to whom we have referred you for a diagnosis to help in your treatment. When appropriate, we may send communications regarding your protected health information using the contact information or alternative methods of contact that you designate (i.e. SMS text, email, etc.)

**Payment.** We will use and disclose your protected health information to obtain payment for the health care services we provide you. *For example* – we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

**Health Care Operations.** We will use and disclose your protected health information to support the business activities of our practice. *For example* – we may use health information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription services for our practice.

**Others Involved in Your Care.** We may disclose your protected health information to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.

**Research.** We can use or share your information for health research, provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health care information.

**As Required by Law.** We will use and disclose your protected health information when required by federal, state, or local law. You will be notified of any such disclosures. We can share health information about you in response to a court or administrative order, in response to a subpoena, or for law enforcement purposes.

**To Avert a Serious Threat to Public Health or Safety.** We will use and disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

**Worker's Compensation.** We can disclose your health information for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

We are allowed to disclose health care information, except for information and records related to sexually transmitted diseases, about a patient without the patient's authorization to the extent a recipient needs to know the information if it falls within one of the above-mentioned categories. Outside of these reasons, we may not disclose your information without your written consent.

### **Your Health Information Rights:**

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

**A Paper Copy of This Notice.** You may ask for a paper copy of this notice at any time. You may obtain a copy by asking our receptionist on your next visit or by calling and asking us to email you a copy.

**Inspect and Copy.** You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying by law. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. If you wish to inspect or copy your health information, you must submit your request in writing to Lynnwood Family Dentistry at 19514 64<sup>th</sup> Ave W, Suite A Lynnwood, WA 98036, or via email at [reception@lynnwoodfamilydentistry.com](mailto:reception@lynnwoodfamilydentistry.com). We have 15 working days to respond to your request for information that we maintain at our practice site. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay. If you are appealing the denial of federal supplemental security income or social security disability benefits, we will provide one copy of the patient's health care information for free upon request from the patient or patient's personal representative.

**Request Amendment.** You have the right to request that we amend your health information if you feel that it is incomplete or inaccurate. You must make this request in writing to Lynnwood Family Dentistry, stating exactly what information is incomplete or inaccurate and your reasoning that supports your request. We have 10 days to complete your request. We are permitted to deny your request if it is not in writing, does not include a reason to support the request, if the information was not created by us, the information is not part of the record which you are permitted to inspect and copy, the information is not part of the designated record set kept by this practice; or if it is the opinion of the healthcare provider, or the information is accurate and complete.

**Request Restrictions.** You have the right to request a restriction or limitation of how we use or disclose your health information for treatment, payment, or health care operations. *For example* – you could request that we not disclose information about prior treatment to a family member or friend who may be involved in your care or payment for care. You also have the right to request how we communicate with you to preserve your privacy. *For example* – you may request that we call you only at your work number, or by mail at a special address. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests. We are not required to agree to your request, and may say “no” if it would affect your care.

**An Accounting of Disclosures.** You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations for six years prior to the date you ask. You may not request information for any dates prior to April 14<sup>th</sup>, 2003 (the compliance date for the federal regulation) nor for a period greater than six years (our legal obligation to retain information). Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12 months of the first request, we may charge you a fee for the costs of providing the list. We will notify you of such costs and afford you the opportunity to withdraw your request before and costs are incurred.

**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.

**File a Complaint.** If you believe we have violated your medical information privacy rights, you have the right to file a complaint with us. You must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to Lynnwood Family Dentistry 19514 64<sup>th</sup> Ave W Suite A Lynnwood WA, 98036. You should know that there will be no retaliation for your filing a complaint. You may also file a complaint directly to the U.S. Department of Health and Human Services. Visit <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html> for more information.

**Uses or Disclosures Not Covered:** Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing anytime and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

### **For more Information:**

If you have questions or would like additional information, you may contact us at 425-771-0165. Please refer to the Washington State Legislature website for the full document regarding HIPAA Privacy laws.