INNERBLOOM
DENTAL STUDIO
DR. SARAH ENRIGHT

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW RECENT LEGISLATION REQUIRES HEALTHCARE ORGANIZATIONS TO INFORM PATIENTS ON HOW THEY OBTAIN AND PROTECT NON-PUBLIC PERSONAL INFORMATION COLLECTED FOR THEIR TREATMENT.

PLEASE REVIEW THIS INFORMATION CAREFULLY. THE PRIVACY OF YOUR PERSONAL AND HEALTH INFORMATION IS A PRIORITY TO THIS PRACTICE.

Innerbloom Dental Studio (refers to Dentist/Owner and all employed Staff at all locations) is required by law to protect the privacy of personal health information (PHI) of its patients. This information may be information about health care we provide to you as a patient or payment for treatment. It may also be information about your past, present, or future medical conditions.

Innerbloom Dental Studio is also required by law to provide you with this Notice of Privacy Practices explaining the legal duties and privacy practices with respect to personal health information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose personal health information in the manner that we have described in this Notice.

Innerbloom Dental Studio may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all information that we maintain. If we make changes to the Notice, we will have copies of the new Notice available upon request.

USES AND DISCLOSURES OF HEALTH INFORMATION

- ***Treatment:*** Innerbloom Dental Studio may use and disclose your personal health information to a physician or other healthcare provider who is treating you.

- ***Payment:*** Innerbloom Dental Studio may use and disclose your personal health information to obtain payment for services we provide in your treatment.

- ***Healthcare Operations:*** Innerbloom Dental Studio may use and disclose your personal health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or

credentialing activities.

- ***Patient Authorization:*** In addition to our use of your personal health information for treatment, payment, and healthcare operations, you may give Innerbloom Dental Studio written authorization to use your health information or to disclose it to anyone for any purpose you deem necessary. If you provide written authorization, you may revoke it in writing at any time.

- ***Required by Law:*** Innerbloom Dental Studio may use and disclose patients' personal health information when required to do so by law.
    - Abuse or Neglect. Innerbloom Dental Studio will disclose personal health information to appropriate authorities if we reasonably believe that the patient is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose patients' personal health information to the extent necessary to avert a serious threat to your health and safety or the health and safety of others.
    - National Security. Innerbloom Dental Studio may disclose to military authorities the personal health information on Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials any personal health information required for lawful intelligence and other national security activities. We may also disclose personal health information to a correctional institution or law enforcement official having lawful custody of personal health information of an inmate or patient under certain circumstances.

PATIENT RIGHTS

The **Health Insurance Portability and Accountability** Act of 1996 (HIPAA), Public Law 104-191, directs the following Patient Rights and the Dentist and Staff of Horizon Dental Boise respect these rights and work diligently to uphold them.

Right #1: The right to request restrictions on the use or disclosure of personal health information. Patients should feel comfortable asking Innerbloom Dental Studio not to share their health information with certain people.

Right #2: The right to receive confidential communications by alternative means. Patients can tell the Innerbloom Dental Studio Staff how they want the Staff to communicate with them within reason.

Right #3: The right to inspect and receive a copy of their Personal Health Information (PHI). Patients can ask to view their patient chart in a reasonable time.

Right #4: The right to amend their Personal Health Information (PHI). Patients can

request that Innerbloom Dental Studio correct any errors in their PHI.

Right #5: The right to receive an accounting of Personal Health Information disclosures. Patients can ask for a list of when Innerbloom Dental Studio has disclosed their PHI but do not have to list sharing PHI for the three legal purposes: treatment, payment, and healthcare operations.

Right #6: The right to receive a paper copy of the Notice of Privacy Practices. This notification must contain a brief description about how patients can exercise these rights.

QUESTIONS AND COMPLAINTS

If patients want more information about the privacy practices of Innerbloom Dental Studio or have questions or concerns, please contact this practice at 208-853-5111.

If patients are concerned that Innerbloom Dental Studio has violated their privacy rights or you disagree with a decision made about access to their personal health information, in response to a request you made to amend, restrict the use or disclosure of personal health information, or to have us communicate with you by alternative means or at an alternative location, they
are invited to complain to this office. Patients may also submit a written complaint to the U.S. Department of Health and Human Services. This address is available upon request.

The Innerbloom Dental Studio supports the patients' rights to the privacy of their personal health information. We will not retaliate in any way if patients choose to file a complaint with the practice or with the U.S. Department of Health and Human Services.

Signature/Date