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## **NOTICE OF PRIVACY PRACTICES**

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

### **Introduction**

At Gallant Dental Group, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

### **Understanding Your Health Record/Information**

Each time you visit Gallant Dental Group a record of your visit is made. Typically, this record contains your systems, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others

### **Your Health Information Rights**

Although your health record is the physical property of Gallant Dental Group, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524. If you request copies, we reserve the right to charge you a fee as permitted by Missouri State law.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information for reasons other than treatment, payment or health care operations, as provided in 45 CFR 164.528. If you request this disclosure more than once in a 12-month period, we reserve the right to charge you a fee as permitted by Missouri State law.
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. **Our**

### **Responsibilities**

Gallant Dental Group is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, •  
Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide a revised notice to you on your next visit.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **Requests to Inspect Protected Health Information**

As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Privacy Officer. **Examples of Disclosures for Treatment, Payment and**

**Health Operations** *We will use your health information for treatment.*

**For example:** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing conditions, and providing treatment. For example, results of laboratory work will be available in your health record to all health professionals who may provide treatment or who may be consulted by staff members.

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

**For example:** Members of the staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business associates:** There are some services provided in our organization through contacts with business associates. Examples include services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Correctional institution:** Should you be an inmate of a correctional institution; we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

### **For More information or to Report a Problem**

If have questions and would like additional information, you may contact the practice's Privacy Officer at (314) 432-0250.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

*Office for Civil Rights*

U.S. Department of Health and Human Services

601 East 12<sup>th</sup> Street -Room 248

Kansas City, MO 64106

Voice Phone (816) 426-7278

Fax (816)426-3686

TDD (816) 426-7065