

# Fusion Dental Care

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# Fusion Eye Care

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## Notice of Privacy Practices

**This Notice of Privacy Practices (Notice) describes how your protected health information (PHI) may be used and disclosed and your rights. Please review it carefully. If you have any questions about this Notice please contact the Fusion Privacy Officer:**

6400 Creedmoor Road, Ste 103 Raleigh, NC 27613  
www.fusiondentalcare.com or www.fusioneyecare.com  
919-977-7438 or 919-977-7480

**Effective Date: April 14, 2003**

**Revised: September 1, 2017**

We are committed to protect the privacy of your personal health information. This Notice describes how we may use (within our practice) and disclose (share outside of our practice) your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice, at any time. Any changes will apply to all PHI held by this practice.

At any time, you may obtain a copy of this Notice by:

- Obtaining a Notice from within our office.
- If requested, having a copy of the Notice sent to you by mail.
- Reviewing the Notice on our website.

### Uses and Disclosures of your PHI

**We may use or disclose your PHI to provide health care treatment for you.**

Your PHI may be used and disclosed by your provider, our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. We may also share your PHI with people outside of our practice that may provide medical care for you such as home health agencies.

**We may use and disclose your PHI to obtain payment for services. We may share your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if services/procedures will qualify for coverage.**

PHI may be shared with the following:

- Those involved with the paying of your bill
- Billing companies
- Insurance companies, health plans
- Government agencies in order to assist with qualification of benefits
- Collection agencies

**We may use or disclose your PHI, as-needed, in order to support our health care operations (business activities).**

**We may use and disclosure your PHI in other situations without your permission:**

- If required by law: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. An example, we may be required to report suspected abuse or neglect.
- Public health activities: The PHI disclosure will be made for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- Health oversight agencies: We may PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- Legal proceedings: To assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.
- Police or other law enforcement purposes: The release of PHI will meet all applicable legal requirements for release.
- Coroners, funeral directors: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law
- Medical research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- Special government purposes: Information may be shared for national security purposes, or if you are a member of the military, to the military under limited circumstances.
- Correctional institutions: Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of others.
- Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Other uses and disclosures of your health information.**

- Business Associates: Some services are provided through the use of contracted entities called "business associates". We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies and collection agencies.
- Health Information Exchange: We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.

- Fundraising activities: We may contact you in an effort to raise money but you may opt out of receiving such communications.
- Marketing & Treatment alternatives: We may provide you treatment options or other health related services that may improve your overall health, but you may opt out of receiving such communications
- Appointment reminders: We may contact you as a reminder about upcoming appointments or treatment. We may contact you by phone, mail, electronic mail (email), or text message. We may leave a message with your answering service or a person who answers your phone.

**We may use or disclose your PHI in the following situations UNLESS you object.**

- We may share your PHI with friends, family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider, using professional judgment, will determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.
- We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.
- We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

**The following uses and disclosures of PHI require your written authorization:**

- Disclosures of for any purposes which require the sale of your information
- Release of psychotherapy notes: Psychotherapy notes are notes by a mental health professional for the purpose of documenting a conversation during a private session. This session could be with an individual or with a group. These notes are kept separate from the rest of the medical record and do not include: medications and how they affect you, start and stop time of counseling sessions, types of treatments provided, results of tests, diagnosis, treatment plan, symptoms, prognosis.
- All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative. A written authorization explains how you want your information to be used and disclosed and no further use or disclosure of your PHI will occur. Your written authorization may be revoked at any time, but must be made in writing.

**Your PHI and your Privacy Rights**

You have certain rights related to your PHI. All requests to exercise your rights must be made in writing, with a date and a signature. Please obtain the proper form associated with the right you would like to exercise from the office manager and direct your request to our privacy officer.

**You have the right to see and obtain a copy of your PHI.**

This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. If requested we will provide you a copy of your records in paper or electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.

**You have the right to request a restriction of your PHI.**

You may request for this practice not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request we will honor the restriction request unless the information is needed to provide emergency treatment.

**There is one exception:** We must accept a restriction request to restrict disclosure of information to a health plan if you pay in full out of pocket for a service or product, unless it is otherwise required by law.

**You have the right to request for us to communicate in a different way or at a different location.**

We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

**You may have the right to request an amendment of your PHI.**

You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

**You have the right to a list of people or organizations who we have shared your PHI.**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request a list for the previous six years or a shorter timeframe. If you request more than one list within a 12 month period you may be charged a reasonable fee.

**You have the right to obtain a paper copy of this notice from us, upon request.**

We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible.

**You have the right to receive notification of any breach of your PHI.**

**Complaints**

If you think we have violated your rights or you have a complaint about our privacy practices please can contact:

Complaints Officer at Fusion Dental/Eye Care,  
6400 Creedmoor Road, Ste 103 Raleigh, NC 27613  
919-977-7438 or 919-977-7480

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated. If you file a complaint we will not retaliate against you for filing a complaint.