

CAPITOL DENTAL CARE

SUMMARY OF NOTICE OF PRIVACY PRACTICES

The confidentiality of your protected health information, also called your medical record, is a high priority at Capitol Dental Care. There are a number of reasons that we may need to use this information or disclose it to others. This Notice of Privacy Practices is provided to inform you of the ways that we can use and release information from your medical record. THIS PAGE IS NOT THE FULL NOTICE OF PRIVACY PRACTICES, which is available upon request. In addition to our longstanding commitment to protecting your information there are certain obligations that we have under federal law. One of those obligations is to provide you with this Notice.

THINGS EXPLAINED IN THE FULL NOTICE OF PRIVACY PRACTICES:

- **How we may use and share your health information without your permission to:**
 - Provide treatment to you;
 - Get paid for the services that we provide to you;
 - Operate our clinics and other facilities;
 - Make reports to federal, state, and local agencies and others when the law requires such reporting;
 - Make reports or share information for public health, safety, and/or research purposes.
- **How we can share your information without your permission, but only if we give you a chance to object:**
 - To share information about you to family, friends, or others involved in your care for payment for the services you receive;
 - To share information about in case of a disaster to let your family and friends know where you are and your general condition.
- **How we can use and share your medical information only with your permission for disclosures other than those described above.**
- **Your legal rights under federal privacy laws include your right to:**
 - Ask to see and copy your medical information;
 - Ask that incorrect or incomplete information in your medical information be corrected;
 - Ask for a list of the places we have sent your information unless it was sent with your permission, for payment, treatment, or health care operations;
 - Ask that we limit the information we use or share for treatment, payment, or healthcare operations, or the information that we share with family members or others involved in your care. WE are not required to agree to your request;
 - Ask that we communicate with you in a confidential manner;
 - Ask for a paper copy of the Notice of Privacy Practices at any time;
 - Be notified in the event of a breach of unsecured, protected health information;
 - File a complaint if you think your privacy rights have been violated;
 - Pay out of pocket in full for a healthcare item or service and restrict disclosure of that particular item or service to your health plan provider.

Request for a full Notice of Privacy Practices is available at your SmileKeepers office or on our website at www.capitoldentalcare.com