



## University of Colorado School of Dental Medicine Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

This notice describes how University of Colorado School of Dental Medicine manages your dental and medical information. This clinic is a University of Colorado School of Dental Medicine service delivery site.

The University of Colorado School of Dental Medicine clinics are located on the Anschutz Medical Campus in Aurora, Colorado. The following are included as a part of our operations:

- Any health care professional who treats you at our location;
- All departments and units of the University of Colorado School of Dental Medicine that must use your dental and medical information as a part of their job;
- All employees, volunteers, and staff of the clinic;
- All facility affiliates, including those part of a formal organized health care arrangement;
- Any business associate who performs work for our business who may need to access to your dental and medical information;
- All students and residents in certified training programs.

All of these parties and entities will follow what is said in this notice. In addition, they may share dental and medical information with each other for your treatment, payment or their health care operations as outlined in this notice.

### Your Rights

You have the right to:

- Get a copy of your dental record
- Correct your dental record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated



## Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### Get a copy of your dental record

- You can ask to see or get a copy of your dental record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your dental record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full at time of service, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.



### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.

### **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.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting our Privacy Officer via the patient representative at phone (303) 724-7040.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint

## **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

We never share your information for:

- Marketing purposes
- Sale of your information



In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again. Information used may include your name, address, phone number, the dates you received services, department(s) from which you received services, your treating physician(s), outcome information, and health insurance status to contact you in an effort to raise money for the School of Dental Medicine. Your choice to opt-out will not be a condition of treatment or payment.

## **Our Uses and Disclosures**

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

### **Treat you**

- We can use your health information and share it with other professionals who are treating you.

Example: A dentist treating you for an injury asks another doctor about your overall health condition.

### **Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage type of treatment and services.

### **Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: <https://www.hhs.gov/hipaa/index.html>

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls



- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/index.html>



### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### **Contact Information**

CU School of Dental Medicine Patient Advocate

**Phone:** 303.724.7040

**Email:** Please contact Patient Advocate via phone for appropriate email address

**Mail:**

Compliance and Privacy Officer  
University of Colorado School of Dental Medicine  
13065 E. 17th Avenue  
Dean's Suite 3rd Floor  
Aurora, CO 80045