

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. HARVARD SCHOOL OF DENTAL MEDICINE/HARVARD DENTAL CENTER (“HSDM/HDC”) IS COMMITTED TO PROTECTING THE PRIVACY OF OUR PATIENTS.

HSDM/HDC cares about you, our patients, and your privacy. We understand that health information about you is personal, and protecting that information is important. We are required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to abide by the terms of this Notice.

II. WHO WILL FOLLOW THIS NOTICE

This Notice applies to HSDM/HDC, all its departments, and offices. It applies to our employees, students, residents, faculty, dentists, researchers, and volunteers who have access to PHI held by HSDM/HDC.

III. USES AND DISCLOSURES WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION

In certain situations, which are described in Sections IV and V, we must obtain your written consent or authorization in order to use and/or disclose your PHI. However, in certain cases certain uses and disclosures are permitted without your consent or authorization. The following categories show the different ways we may use and disclose your PHI without your written consent or authorization. For each category, we give some examples, but not every use or disclosure in a category is listed.

A. Use for Treatment, Payment, and Health Care Operations. We may use (but not disclose to a third party) your PHI in order to treat you, obtain payment for services provided to you, and conduct our “health care operations” as generally described below:

Treatment. To provide treatment and other services to you, for example, to diagnose and treat your dental condition. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related products and services provided by HSDM/HDC that may be of interest to you.

Payment. To obtain payment from you, for example, to identify our claims for payment from your insurance company, MassHealth, or other company or organization that arranges or pays

the cost of some or all of your dental care (“Your Payor”).

Health Care Operations. To internally administer, plan, and improve the quality and cost-effectiveness of the care and customer service that we deliver to you. For example, we may use your PHI to evaluate the quality of your care and the competence of our staff. We may also use your PHI to educate and train our students and residents and to ensure HSDM/HDC and former HSDM/HDC personnel continue to earn professional accreditation. In addition, your PHI may be disclosed for any peer review or utilization review activities we undertake.

B. Disclosure to Relatives, Close Friends, and Other Caregivers. We may disclose your PHI, other than Highly Confidential Information (described below in Section IV.B), to a family member, other relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, and do not object to such disclosure after being given the opportunity to do so. We may also disclose your health information to such person with your verbal agreement or written consent.

If you are incapacitated or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative, or a close personal friend in such circumstances, we would disclose only information that is directly relevant to the person’s involvement with your health care or payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death.

C. Use and Disclosure for Fundraising Activities. We may contact you to request a tax-deductible contribution to support important activities of HSDM/HDC. In connection with any fundraising, we may disclose to HSDM’s Development Office, an institutional foundation, demographic information about you (e.g., your name, address, and phone number) and dates on which we provided dental care to you, without your authorization. If you wish to make a tax-deductible contribution now or do not wish to receive any fundraising requests in the future, you may contact our Privacy Officer at 617-432-6894.

D. Other Types of Disclosures

1. As Required by Law. We may disclose your PHI when required to do so by federal, state, or local law.

2. Public Health Activities. As required by law, we may disclose your PHI for the following public health activities and purposes: preventing or controlling disease, injury or disability; to report reactions to medications or problems with products and services under the jurisdiction of the Food and Drug Administration; and to report venereal disease to your fiancé(e), spouse, or parents or legal guardian, if you are a minor.

3. Abuse, Neglect, or Domestic Violence. We may disclose your PHI and notify the appropriate government authorities of a reasonable belief of abuse, neglect, or domestic violence. This includes child abuse and neglect, elder abuse, disabled persons abuse, or rape or sexual assault.

4. Health Oversight Activities. We may disclose your PHI to a health oversight agency for oversight activities authorized by law. This includes, but is not limited to: audits, investigations or inspections. These activities are necessary for the government to monitor the health care system and certain government programs.

5. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

6. Law Enforcement. We may release PHI to the police or other law enforcement official as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena accompanied by a court order.

7. Coroners, Medical Examiners, and Funeral Directors. We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, or other duties as authorized by law. We may also release your PHI to a funeral director, consistent with applicable law, as necessary to carry out their duties.

8. Research. We may use or disclose your PHI for research when a waiver of authorization is obtained from our Institutional Review Board or from a Privacy Board; or when we use or disclose only a HIPAA-defined limited data set with a data use agreement. We may also use your PHI as necessary to identify you as a potential subject for a research study, but will not conduct research without proper authorization from you or a waiver of authorization from an Institutional Review Board.

9. Tissue Procurement. We may disclose your PHI to organizations that facilitate tissue procurement, banking or transplantation.

10. To Avert a Serious Threat to Health or Safety. We may use or disclose your PHI when necessary to prevent a serious and imminent threat to the health or safety of you or the public. Any disclosure would be to someone able to prevent or lessen the threat, including the target of the threat.

11. Military and Veterans. If you are a member of the armed forces, we may release your PHI as required by military command authorities.

12. National Security. We may disclose your health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and other national security activities authorized by the National Security Act.

13. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI for your health care and the health and safety of other individuals.

14. Worker's Compensation. We may release your PHI authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to

fault, including without limitation to your insurer and/or the Massachusetts Industrial Accident Board as required under laws addressing work-related illnesses and injuries or workplace health surveillance.

IV. DISCLOSURES REQUIRING YOUR WRITTEN CONSENT

The following categories require your written consent before we may disclose your PHI:

A. Disclosures for Treatment, Payment, and Health Care Operations. With your written consent, we may disclose your PHI in order to treat you, obtain payment for services provided to you, and conduct our health care operations as detailed below:

Treatment. We may disclose your PHI to provide treatment and other services to you. For example, we may disclose your information to other providers involved in your treatment.

Payment. We may disclose your PHI to obtain payment for services that we provide to you. For example, we may disclose information to file claims and obtain payment from your insurance company.

Health Care Operations. We may disclose your PHI for our health care operations. For example, we may disclose information to other health care providers to conduct certain health care operations, such as quality assessment and improvement activities and reviewing the quality and competence of health care professionals. We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance.

B. Disclosures of Your Highly Confidential Information. Federal and state law require special privacy protections for certain Highly Confidential Information about you, including: (1) your HIV/AIDS status; (2) genetic testing information; (3) treatment or diagnosis of emancipated minors; (4) venereal disease information; and (5) research involving controlled substances. In order for us to disclose your highly confidential information for a purpose related to treatment, payment, or health care operations, we must obtain your separate, specific written consent unless we are otherwise permitted by law to make such disclosure.

In addition, if you are an emancipated minor, certain information relating to your treatment or diagnosis may be considered Highly Confidential Information and as a result will not be disclosed to your parent or guardian without your consent. Your consent is not required, however, if a physician reasonably believes your condition to be so serious that your life or limb is endangered. Under such circumstances, we may notify your parents or legal guardian of the condition, and will inform you of any such notification.

Please note that if you are a parent or legal guardian of an emancipated minor, certain portions of the emancipated minor's dental record (or, in certain instances, the entire dental record) may not

be accessible to you.

V. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

The following categories require your written authorization before we may use or disclose your PHI:

A. Use or Disclosure with Your Authorization. For any purpose other than those described above, we may only use or disclose your PHI when you give us your written authorization. For example, you will need to provide us your signed Authorization before we can send your PHI to either your own attorney or to the attorney representing the other party in litigation in which you are involved (unless the attorney has obtained a court order for such PHI).

B. Uses and Disclosures of Your Highly Confidential Information. In order for us to disclose your Highly Confidential Information for a purpose other than treatment, payment, or health care operations (for which your separate, specific consent is required), we must obtain your separate, specific Authorization, unless we are otherwise permitted by law to make such disclosure.

C. Marketing Communications. We must obtain your written authorization prior to using your PHI to send you any marketing materials (“Marketing Authorization”), except if the communication is face-to-face or in the form of a promotional gift of nominal value provided by us. Prior authorization is not required for us to contact you regarding case management or care coordination, information about treatment alternatives, or other health-related products and services provided by HSDM/HDC that may be of interest to you.

VI. YOUR INDIVIDUAL RIGHTS

A. Right to Ask for Limits on the Use and Sharing of Your Health Information. You have the right to request restrictions or limitations on our use or disclosure of your health information for treatment, payment, or health care operations. You also have the right to request a limit on PHI disclosed to persons involved in your health care or payment of your health care, such as a family member or friend. While we will consider all requests, we are not required to agree to your request with the following exception: If you pay for a health care product or service in full (out of pocket), you may request that we not share health information pertaining only to that product or service with your health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment). If we agree to your request, we must put the restriction in writing and comply with your request except if you need to be treated in an emergency. All requests for restrictions must be made in writing to our Privacy Officer by filling out the appropriate form.

B. Right to Receive Confidential Communications. You have the right to ask for your health information to be sent to you in different ways. For example, you can ask that we only contact you by mail. All requests must be made in writing to our Privacy Officer by filling out the appropriate form. We will accommodate all reasonable requests.

C. Right to Inspect and Copy Your Health Information. You have the right to access your dental records and request a copy of your PHI. If you request an electronic copy of your records, we will work with you to provide you with an electronic form and format of your choice, if it is readily available. All requests for access must be made in writing to our Privacy Officer by filling out the appropriate form. If you request a copy of the information, we may charge a fee for the costs of copying and postage.

D. Right to Revoke Your Authorization. You may revoke your Authorization, your Marketing Authorization, or any written authorization obtained in connection with your Highly Confidential Information except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer identified below.

E. Right to Request an Amendment to Your Records. You have the right to request that we amend PHI maintained in your dental file or billing record. All requests must be made in writing to the Privacy Officer by filling out the appropriate form, in which you must specify the reasons supporting your request. We will comply with your request unless the information was created by another health care provider, the information is accurate and complete, or other special circumstances apply.

F. Right to Receive an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your PHI that were made by us any period of time prior to the date of your request, provided such period does not exceed six years and did not occur prior to April 14, 2003. The first list you request within a twelve-month period will be free. For additional lists during the same twelve-month period, we may charge you for the cost of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred.

G. Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please request one at the patient reception desk.

VII. CHANGES TO THIS NOTICE

HSDM/HDC reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that HSDM/HDC already has about you, as well as any information HSDM/HDC receives in the future. If we change this Notice, we will post the revised Notice in waiting areas at HSDM/HDC, and on our website, <http://hsdm.harvard.edu/harvard-dental-center>. An updated copy may also be obtained at the patient reception desk.

VIII. FURTHER INFORMATION; COMPLAINTS

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may

contact our Privacy Officer. You may also file a written complaint to the Director, Office for Civil Rights, US Department of Health and Human Services. The fact that a complaint has been made will not negatively impact your dental care, and HSDM/HDC will not take any kind of retaliatory action against you.

For Further Information, Please Contact:

Privacy Officer, Harvard School of Dental Medicine, 188 Longwood Avenue, Boston, MA 02115 • Telephone Number: 617-432-6894

IX. EFFECTIVE DATE OF THIS NOTICE

October 5, 2016