NOTICE OF PRIVACY PRACTICES

Stark State College Dental Hygiene Clinic
6200 Frank Ave NW  North Canton, OH  44720
(330) 305-6610

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

We are required by law to:
- Make sure that your health information is kept private;
- Give you this Notice of our legal duties and privacy practices; and
- Follow the terms of the notice currently in effect.

This notice will tell you about:
- The ways in which we may use and disclose your health information;
- Your rights as a patient; and
- Our obligations regarding the use and disclosure of health information.

We reserve the right to change this Privacy Notice and process at any time. The changes will be effective for health information we already have about you as well as information we receive in the future. If changed, a statement that our Privacy Notice has been changed will be posted in the reception area. You may be asked to sign an updated privacy notice acknowledgement.

- For additional copies of this Notice, or to request a copy of a revised Notice, or for questions about our privacy practices, please contact Stark State College’s Dental Hygiene Program’s (SSCDHP) Privacy Officer (contact information at end of this Notice).

WHO IS COVERED BY THIS NOTICE

This Notice applies to SSCDHP full- and part-time personnel, health care professionals authorized to enter information into your SSCDHP treatment record, and SSCDHP students and professional guests. These individuals may share your information with each other and with other individuals for reasons of treatment, payment, health care and academic operations as discussed below.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

When you become a patient of SSCDHP, we will use your health information within the dental hygiene program and disclose your health information outside the dental hygiene program for the reasons described in this Notice. We cannot list each specific way we may use or share your information, but each situation will fall into one of these categories:

- **Treatment**
  o We may use or disclose information to healthcare providers who are involved in your care such as doctors, nurses, other medical office staff, and pharmacists.

- **Persons Involved in Your Care**
  o We may disclose information to a family member or other designated person who is involved in your care to the extent necessary to help with your healthcare, but only if you agree that we may do so. In the event of an emergency, we may need to use or share information about you in order to inform your family or persons responsible for your care where you are and your condition. We will use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, x-rays, third-party forms, or other similar forms of health information.

- **Health Care / Academic Operations**
  o We may use and disclose information in connection with our healthcare or academic operations including quality assessment and improvement activities, training / educational programs, and accreditation / licensing activities.

- **Payment**
  o We may use or disclose information so that we are paid for the services provided or to help you obtain reimbursement for services we provide to you.

- **Contacting You**
  o We may use or disclose information to reach you about appointments or other matters. We may contact you by mail, telephone, voice message, or e-mail. If you do not wish to be contacted by any specific mode, please contact the SSCDHP Privacy Officer (contact information at end of this Notice).

- **Legal Matters**
  o We will disclose health information about you outside the SSCDHP when required to do so by federal, state, or local law, or by the court process. Your written authorization or the opportunity to agree or object is not required by federal privacy rules. For example, we may disclose health information about you related to:
    - **Averting a Serious Threat to Health or Safety:** to prevent a serious threat to the health and safety of the public or another person;
    - **Worker’s Compensation:** related to work-related injuries or illness;
    - **Public Health Risks:** to public health authorities for purposes related to: preventing or controlling disease, injury, or disability, and/or reporting disease or infection exposure;
    - **Victims of Abuse, Neglect, or Domestic Violence:** to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes;
    - **Health Oversight Activities:** to health oversight agencies for activities.
authorized by law; Judicial and Administrative Proceedings: in the course of an administrative or judicial proceedings; Law Enforcement: to a law enforcement official if required or permitted by law; Deceased Person Information: to a coroner, medical examiner, or funeral director as needed to carry out duties as required / permitted by law; Specialized Government Functions: to authorized federal officials for national security, intelligence, military, or veteran’s activities; Secretary of Department of Health and Human Services: to the Secretary of the Department of Health and Human Services when directed to do so in order to review our compliance with federal privacy rules

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES
We will not use or disclose your health information for reasons other than for treatment, payment, health care / academic operations, and when permitted or required by law without your written authorization. For example, you may want us to release health information to your employer or to your child’s school. These kinds of uses and disclosures require your written authorization. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

YOU HAVE RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU
Although the record of your health information, which includes the information we used to make decisions about your care, is the property of SSCDHP, the information contained in those records is your information, and you have certain rights regarding it. To exercise any of the following rights, you must send a clearly written request, signed and dated, to SSCDHP’s Privacy Officer (contact information provided at the end of this Notice).

- Right to Access:
  o You may look at or get copies of your health information, with limited exceptions. You must make a request in writing, signed and dated, to obtain access. You may request copies in a format other than photocopies and we will comply unless we cannot practically do so. There may be copy and postage fees. If SSCDHP denies your request to inspect or obtain a copy of the records, you may appeal the denial within SSCDHP.

- Right to Amend:
  o You may request that we correct or update your health information if you believe it is incorrect or incomplete. Your request must be in writing, signed and dated. It must specify the records you wish to amend, and must give the reason for your request. We will respond within 60 days. We may deny your request under certain circumstance; if we do, we will tell you why and explain your options.

- Right to Disclosure Accounting:
  o You may request a list of disclosures we made to others of your health information without your written authorization. The accounting would not include disclosures for treatment, health care/academic operations, payment, and certain other disclosures exempted by law. Your request must be in writing, signed, and dated and must identify the time period of the disclosures and whether you want to receive the list on paper or electronically. We will not list disclosures made before April 14, 2003, or those earlier than 6 years before your request. If you request this accounting more than once in a 12 month period, we may charge you a reasonable cost-based fee.

- Right to Request Restrictions:
  o You may ask us to place additional limitations on our use or disclosure of your health information. We are not required to agree, but if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Your request must be made in writing, signed and dated. It must be specific saying whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You can change this information at any time with written notification. The changes you make can only impact the care or information from that point in time forward.

- Right to Request Alternative (Confidential) Communications:
  o You may request that we communicate with you about health matters in a certain way or at a certain location. Your request, in writing, signed, and dated must specify the alternative means or location. We are not required to agree with your request, but we will try to accommodate all reasonable requests.

- Right to a Paper Copy of this Notice:
  o You may get a written copy of this Notice if you originally received it by electronic mail or via our Web site

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us (and to give us the opportunity to resolve your concern), please contact the SSCDHP Privacy Officer to obtain our “Privacy Rules Complaint Form”. You must submit this form to make a complaint with us. Upon request, we can provide the Health and Human Services contact information. You will not be penalized for filing a complaint with us or with the U.S. Department of Health & Human Services.

Stark State College
Dental Hygiene Program
Privacy Officer ➔ ➔

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