

**UNIVERSITY OF PITTSBURGH
SCHOOL OF DENTAL MEDICINE
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

The University of Pittsburgh School of Dental Medicine (SDM) and its related Practice Plan, University Dental Health Services, Inc. (UDHS), are required by law to maintain the privacy of your medical records and to give you this Notice that describes our privacy practices. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment and health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information, which is information about you, including demographics that may identify you and that relates to your past, present or future physical or mental health and related health care services. This Notice takes effect April 14, 2003, and will remain in effect until we replace it.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change our privacy practices at any time. We reserve the right to make the changes to our privacy practices and this Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change to our privacy practices, we will change this Notice and make the new Notice available upon request. You may access the Notice on the University's website at <http://www.pitt.edu/hipaa>, or by contacting the SDM's Privacy Officer, Lawrence G. Schneider, DDS, University of Pittsburgh School of Dental Medicine, G121 Salk Annex, 3501 Terrace Street, Pittsburgh, PA, 15261, or you may request one at the time of your appointments.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION. We may use or disclosure your health information as follows:

Treatment. To a physician, dentist or other healthcare provider providing treatment to you. For example, your protected health information may be provided to a physician or dentist to whom you have been referred to ensure that the healthcare provider has the necessary information to diagnose or treat you.

Payment. To obtain payment for services we provide to you. This may include activities your health insurance plan may undertake if it approves or pays for the health care service we recommend for you, or to determine eligibility for plan benefits, or to coordinate benefits.

Health Care Operations. In connection with our healthcare operations, including insurance related activities, quality assessment, reviewing the competence or qualifications of health care professionals, conducting medical review, legal services, audit services, accreditation, certification, licensing or credentialing activities and for business planning, management and general administration.

Authorization. In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke your authorization at any time, in writing, except to the extent an action already has been taken in reliance on your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any purpose except those described in this Notice.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT. We may use and disclose your health information in the following ways. You have the opportunity to object to these uses.

- **Others Involved in Your Healthcare.** Unless you object, we may disclose to a family member, other relative, close personal friend or any other person you identify, health care information relevant to that person's involvement in your care or payment related to your care, if we determine it is in your best interests based on our professional judgment.
- **Emergencies.** We may use or disclose your health information in an emergency situation. If this happens, your physician or other healthcare provider shall try to obtain your consent as soon as reasonably practical after the delivery of treatment.
- **Communication Barriers.** We may use and disclose your health information if your physician, dentist or other healthcare provider attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician or dentist determines, using professional judgment, that you intend to consent under the circumstances.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT. We may use or disclose your health information in the following situations without your consent or authorization.

- **As Required by Law.** We may use or disclose your health information to the extent disclosure is required by law. You will be notified, as required by law, of a use or disclosure.
- **Public Health.** We may use or disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure and other activities related to oversight of the health care system.
- **Legal Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.

- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to coroners, medical examiners and funeral directors for purposes of identification, determining cause of death and to enable them to perform their duties as authorized by law. Health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- **Public Safety.** We may disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- **National Security.** We may disclose your health information for military or national security purposes as necessary.
- **Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation or similar laws.
- **Inmates.** We may use or disclose your health information if you are an inmate of a facility and your physician, dentist or other healthcare provider created or received your protected health information in the course of providing care to you.
- **Marketing.** We may contact you to give you information about health-related benefits or services that may be of interest to you.
- **Disclosure to Plan Sponsors.** We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan.
- **Researchers.** We may disclose your health information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and protocols to ensure the privacy of your protected health information.

STATEMENT OF YOUR HEALTH INFORMATION RIGHTS.

Right to Inspect and Copy. You have the right to inspect and copy your protected health information. This includes medical and billing records and any other records that your physician, dentist or other healthcare provider uses to make decisions about you. To inspect and copy such information, you must submit your request in writing. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. Under federal law, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding, and protected health information that is subject to law that prohibits access to health information.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information. You may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care for notification purposes as described in this Notice of Privacy Practices. Your request must state the restriction requested and to whom you want the restriction to apply. The SDM is not required to agree to the restrictions you request. You must submit your request in writing to the SDM's Privacy Officer, Lawrence G. Schneider, DDS, University of Pittsburgh School of Dental Medicine, G121 Salk Annex, 3501 Terrace Street, Pittsburgh, PA, 15261.

Right to Request Confidential Communications. You have the right to request to receive confidential communications by alternate means or at an alternate location. You must submit this request in writing to the SDM's Privacy Officer, Lawrence G. Schneider, DDS, University of Pittsburgh School of Dental Medicine, G121 Salk Annex, 3501 Terrace Street, Pittsburgh, PA, 15261. The SDM will try to accommodate reasonable requests; however, we are not required to agree to your request.

Right to Request Amendment. You have a right to request an amendment to your health information that you believe is incorrect or incomplete. We are not required to change your health information. If your request is denied, we will provide you with information about our denial and tell you how to file a statement of disagreement with us. We may prepare a rebuttal to your statement, a copy of which will be provided to you. To request an amendment, you must submit the request in writing to the SDM's Privacy Officer, Lawrence G. Schneider, DDS, University of Pittsburgh School of Dental Medicine, G121 Salk Annex, 3501 Terrace Street, Pittsburgh, PA, 15261.

Right to Accounting of Disclosures. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices and disclosures made to you. To request an accounting of disclosures, you must submit your request in writing to the SDM's Privacy Officer, Lawrence G. Schneider, DDS, University of Pittsburgh School of Dental Medicine, G121 Salk Annex, 3501 Terrace Street, Pittsburgh, PA, 15261. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. The SDM will provide one list per 12 month period free of charge. We may charge you for additional lists.

Right to Paper Copy. You have the right to obtain a paper copy of this Notice, even if you agreed to accept this Notice electronically. To obtain a paper copy, submit a written request to SDM's Privacy Officer, Lawrence G. Schneider, DDS, University of Pittsburgh School of Dental Medicine, G121 Salk Annex, 3501 Terrace Street, Pittsburgh, PA, 15261. You also may access this Notice on the University's website at <http://www.pitt.edu/hipaa>.

Complaints. You may complain to us or to the Secretary of Health and Human Services about this Notice of Privacy Practices or if you believe your rights under this Notice have been violated. You may file a complaint with us by notifying the SDM's Privacy Officer, Lawrence G. Schneider, DDS, University of Pittsburgh School of Dental Medicine, G121 Salk Annex, 3501 Terrace Street, Pittsburgh, PA, 15261 and completing the SDM's Privacy Practices Complaint form. We will not retaliate against you for filing a complaint.

This Notice was published and becomes effective on April 14, 2003.