
Robert C. Williams, DDS

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 PRIVACY OF YOUR HEALTH INFORMATION IS IMPORATANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effects January 31st, 2005 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our 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 in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your 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. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also 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 filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies, and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.10 for each page, \$16.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. You request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **{You must make your request in writing.}** Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclose of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint with the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Ursula Edginton

Telephone: 707-965-2479 Fax: 707-965-0427

Address: 41 Angwin Plaza, Angwin, CA 94508

**ROBERT C. WILLIAMS, DDS, INC.
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

{Please Print Name}

{Signature}

{Date}

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Aviso De Las Robert C. Williams, DDS, Inc. Para Las Practicas Privadas

Este aviso describe como su informacion puede ser utilizada y revelada y como puede usted acceder a esta informacion. Por favor, revisela cuidadosamente.

En la Robert C. Williams, DDS, siempre hemos mantenido su informacion de salud de forma segura y confidencial. Una nueva ley nos exige que continuemos manteniendo su privacidad, le enviemos este aviso y sigamos los terminos de este aviso.

La ley nos permite que utilicemos o revelemos su informacion de salud a aquellos implicados en su tratamiento. Por ejemplo, una revision de su archivo por un doctor especialista que puede estar involucrado en sus cuidados.

La podemos usar para revelar su informacion de salud para el pago de sus servicios. Por ejemplo, podemos enviar un reporte de su progreso a su compania de salud.

Podemos usar o revelar su informacion de salud en nuestras operaciones regulares de cuidados de salud, Por ejemplo, alguien de nuestro personal, puede introducir su informacion en nuestro computador.

Podemos compartir su informacion medica con nuestros asociados de negocios, como un servicio de facturacion. Tenemos un contrato escrito con cada asociado de negocios, que requiere que protejan su privacidad.

Podemos usar su informacion para contactarle. Por ejemplo, podemos enviar boletines y otra informacion. Tambien puede que queramos llamarle y recordarle sus citas. Si usted no esta en casa, podemos dejar esta informacion en su contestador automatico o con la persona que responda al telefono.

En caso de emergencia, podemos revelar su informacion de salud a un miembro de la familia o a otra persona responsable de su cuidado.

Podemos revelar parte o toda su informacion de salud cuando esto sea requerido por la ley.

Si nuestra practica es vendida, su informacion se convertira en propiedad del nuevo dueno.

Excepto por lo que se describe arriba, esta practica no utilizara o revelara su informacion de salud sin su previa autorizacion escrita.

Usted puede pedir por escrito que no utilicemos su informacion de salud como se describe arriba. Le dejaremos saber si podemos cumplir con su peticion.

Usted tiene el derecho a saber de cualquier uso o revelacion que llevemos cabo con su informacion de salud, mas alla de los usos normales.

Dado que necesitaremos ponernos en contacto con usted de vez en cuando, utilizaremos la direccion o telefono que usted prefiera.

Usted tiene el derecho de transferir copias de su informacion de salud a otra practica. Enviaremos sus archivos por usted.

Usted tiene el derecho de ver y recibir una copia de su informacion de salud, con unas pocas excepciones. Presentenos una solicitud por escrito con respecto a la informacion que desea ver. Si usted tambien quiere una copia de sus registros, puede que le carguemos una tarifa razonable por las copias.

Usted tiene el derecho de pedir una modificacion o cambio de su informacion de salud. Entreguenos su peticion para hacer los cambios por escrito. Si usted desea incluir una declaracion en su archivo, por favor presentela por escrito. Puede que realicemos o que no realicemos los cambios que usted solicita, pero nos sentiremos complacidos de incluir su declaracion en su archivo. Si estamos de acuerdo en una modificacion o cambio, no eliminaremos ni alteraremos documentos previos, sino que anadiremos nueva informacion.

Usted tiene el derecho de recibir una copia de este aviso.

Si cambiamos cualquiera de los detalles de ese aviso, le notificaremos de los cambios por escrito.

Usted puede presentar una queja con el Departamento de Salud y Servicios Humanos (Department of Health and Human Services), 200 Independence Avenue, S.W., Room 509F, Washington, DC 20201. No Habra represalias por el hecho de que presente una queja.

Sin embargo, antes de presentar una queja, o para mas informacion o ayuda con respecto a la privacidad de su informacion de salud, por favor pongase en contacto con nuestra Funcionario de Privacidad Kris Jones, en el 707-255-8825.

Este aviso entra en efecto el 14 de abril de 2003.

**ROBERT C. WILLIAMS, DDS. INC.
PARA LAS PRACTICAS PRIVADAS**

Reconocimiento

He recibido una copia del aviso de la Robert C. Williams, DDS para las Practicas Privadas.

Firmado _____

Nombre impreso _____

Fecha _____

Si esta firmando como padre o guardian, por favor anote el nombre del paciente

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