**NOTICE OF PRIVACY PRACTICES**

**OF VALLEYGATE DENTAL SURGERY CENTER – CHARLOTTE**

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

**GENERAL INFORMATION**

Our facility is legally required to maintain the privacy of your health information under the Health Insurance Portability and Accountability Act (“HIPAA”). Your health information is generally referred to in this Notice as your “information.” This Notice applies to all of the information we have concerning you, including information obtained before the effective date of this Notice and afterwards.

**OUR USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

Uses & Disclosures for Treatment, Payment, and Health Care Operations.

HIPAA lets us use and disclose your information without your consent for treatment, payment, and health care operations, as follows:

* *Treat you*—We can use your information for providing treatment, medication administration, and other health care services to you and can share your information with other professionals treating you. Example: A doctor treating you for a condition asks us for information related to your health.
* *Bill for your services*—We can use and share your information to bill and get paid by health plans or other parties and to enable other providers to get paid. Example: We give information about you to your health insurance plan and to your representative so they can pay for your services.
* *Run our organization (i.e., for our health care operations)*—We can use and share your information to run our facility, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services. We can also share your information with another provider for the provider’s own health care operations as long as we both have or had a relationship with you and certain other requirements are met.

Certain Uses and Disclosures Without Your Consent.

HIPAA lets us use and disclose your information without your written authorization in other situations—usually in ways that contribute to the public good. We must meet many legal requirements to do this. This includes:

* *When required by law—*We can share your information if a law requires that we share it. There are various requirements we must meet in these situations*.*
* *Public health issues—*We can share your information for certain public health reasons such as preventing disease, helping with product recalls, and reporting adverse events related to medications.
* *Victims of abuse, neglect, or domestic violence*—We can disclose information related to suspected abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone’s health or safety.
* *Health Oversight*—We can disclose information for the oversight activities of entities that oversee the health system.
* *Judicial and Administrative Proceedings*—We can use and share your information in judicial and administrative proceedings, including in response to court orders and subpoenas, subject to various limitations.
* *Law enforcement purposes*—We can use and disclose your information for a law enforcement purpose to a law enforcement official if various requirements are met.
* *Coroner, medical examiner, and funeral directors*—We can disclose information to a coroner or medical examiner for identifying a deceased person, determining cause of death, or other duties as authorized by law and may disclose information to funeral directors, consistent with applicable law, as necessary for them to perform their duties.
* *Organ procurement*—We can use or disclose information to organ procurement organizations.
* *Do research—*We can use or share your information for health research.
* *Avert a serious threat to health or safety—*We can use or disclose your information if we believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you, another person, or the public, or is necessary for law enforcement authorities to identify or apprehend certain individuals, if various requirements are met.
* *Specialized government functions—*We can use and disclose your information for certain military, veteran, national security, and intelligence purposes, for protective services for the President and certain others, for correctional institution-related purposes, and for certain reports to the National Instant Criminal Background Check System, under certain limited circumstances.
* *Workers’ compensation—*We can disclose your information as necessary to comply with laws relating to workers’ compensation or similar programs, as long as such disclosure is authorized by law.
* *Work with business associates—*We can share information with our business associates.
* *Your personal representative*—We can share your information in certain situations with your personal representative if you have one*.*
* *Incidental uses or disclosures*—We can make uses and disclosures that are merely incidental to otherwise permitted or required disclosures, as long as we otherwise fully comply with HIPAA.
* *For our facility directory*—We can share certain limited information through our facility directory in certain emergency situations.
* *Your family and friends*—We can share with your family, friend, or other person identified by you certain limited information that is relevant to the person’s involvement with your care or payment for care if we determine the disclosure is in your best interest, or in the event of your death.
* *To notify family and friends*—We can use and share limited information to notify your family, personal representative, or other person responsible for your care about your location, general condition, or death if we determine the disclosure is in your best interest, or in the event of your death, including sharing such information with entities assisting with disaster relief.
* *Limited Data Set*—We can create, use, and disclose your information if certain identifiers are removed (a “limited data set”). The limited data set may be used only for research, public health, or health care operations, and a special, HIPAA-compliant agreement, must be entered into between us and any of the data recipients.
* *Fundraising*—We can contact you to raise funds for ourselves, and you have the right to opt out of receiving such communications.
* *To HHS*—We must disclose your information if the Secretary of HHS requires it for investigating or determining our compliance with HIPAA.
* *De-Identified information*—We can remove all identifiers from your health information so that the information no longer identifies you. Once the information is de-identified, it is no longer subject to HIPAA.
* *Your estate administrator*—If you die, we can disclose your information to an executor, administrator, or other person with authority to act for or on behalf of you or your estate.
* *Certain emergencies*—If we agree with you to limit our uses or disclosures of your information for treatment, payment, health care operations, or for contacting individuals involved in your care or payment for care, we may use and disclose the information despite the restriction *if* you need emergency treatment and the information is needed to provide that treatment.

Uses and Disclosures that Require Your Written Authorization.

HIPAA requires that we obtain your written authorization before we use or disclose your psychotherapy notes (except in certain specific situations), use or disclose your information for marketing (except in certain specific situations), or sell your information.

You may revoke a written authorization for the use or disclosure of your information at any time, but the revocation must be written and the revocation is not effective to the extent that we have already acted in reliance on the authorization. We will not use or disclose your information in any way that is not described in this Notice without first getting your written authorization.

Reproductive Health Care.

Under HIPAA, we may not use or disclose your information (1) for a criminal, civil, or administrative investigation into any person for merely seeking, obtaining, providing, or facilitating lawful reproductive health care; (2) for imposing criminal, civil, or administrative liability on any person for merely seeking, obtaining, providing, or facilitating reproductive lawful health care; or (3) to identify any person for such purposes. For example, we could not disclose your reproductive health information for a criminal investigation targeting your receipt of lawful health care services received for management of a miscarriage.

Under HIPAA, we also may not use or disclose information potentially related to your reproductive health care for activities of health oversight agencies, judicial or administrative legal proceedings, law enforcement purposes, or the duties of coroners and medical examiners, without first receiving an attestation from the person requesting the information that meets various strict requirements of HIPAA. Generally speaking, the attestation would serve to verify that the information was not being sought for a prohibited purpose. For example, we could not disclose your health information potentially related to reproductive health care for a lawsuit against you without obtaining a HIPAA-compliant attestation from the person requesting the disclosure.

Redisclosures.

Once we disclose your information to a party as permitted by HIPAA, the information might be redisclosed and no longer protected by HIPAA, depending on the circumstances.

Fundraising.

HIPAA allows us to contact you to raise funds for us, and you have a right to opt out of receiving such communications.

**YOUR RIGHTS**

Request Restrictions. You have the right to request restrictions of uses and disclosures of your information for treatment, payment, or health care operations and to individuals involved in or responsible for your care (such as certain family and friends). We are not required to agree to a requested restriction, except if you request that we restrict disclosures to a health plan for payment or health care operations, the disclosure is not otherwise legally required, and information pertains only to services or items for which you have paid us in full. If we agree to a restriction, we are still permitted to make certain disclosures needed for your emergency treatment, and certain other limited disclosures.

Confidential Communications. You have the right to request communication of your information by alternative means or at alternative locations. We must accommodate reasonable requests.

Access to Information. You have the right to access your information to inspect it and to receive an electronic or paper copy of your information. Ask us how to do this. We may charge a reasonable, cost-based fee for the copies, mailing, or other supplies associated with your request. We may deny your request under certain circumstances.

Corrections to Information. You have the right to ask us to correct your medical record if you think it is incorrect or incomplete. Ask us how to do this. We have the right to deny the request, and we will explain any denial.

List of Disclosures. Under HIPAA, you have the right to a list (or accounting) of our disclosures of your information in the past six years, except for certain types of disclosures including those for treatment, payment and health care operations, and those you authorized us to make. The accounting will tell the times we have shared your information, who we shared it with, and why.

Copy of this Notice. You have the right to obtain a paper or electronic copy of this Notice upon request.

Discuss this Notice. You have the right to discuss this Notice with the person listed below in the “Contact Us” section.

Fundraising. As noted above, you have the right to elect not to receive our fundraising communications.

**OUR DUTIES**

Maintain Privacy. We are required by law to maintain the privacy of your information, to provide you with Notice of our legal duties and privacy practices with respect to the information (which we are doing through this Notice), and to notify affected individuals if there is a breach of unsecured information.

Abide by Notice. We are required to abide by the terms of this Notice currently in effect.

Change the Notice. We can change the terms of this Notice, and the changes will apply to all information we have about you, including PHI received before the changes. Any revised Notice will be available upon request, posted prominently in our offices where services are furnished, and on our website.

Other Laws. If any North Carolina law, including the Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985 (N.C. Gen. Stat. § 122C-1, et seq.), or other law (including the federal laws for substance use disorder patient records in 42 U.S.C. 290dd—2 and 42 C.F.R. Part 2) imposes greater restrictions on our uses and disclosures of your information than those imposed by HIPAA and reflected in this Notice, we will abide by the more restrictive laws. However, we do not ordinarily maintain information subject to such laws and do not expect to maintain such information.

**CONCERNS, COMPLAINTS & REQUESTS**

You may complain to us if you feel your privacy rights have been violated. You may also contact us with questions and for additional information about this Notice. To do so, please contact the person listed below in “Contact Us.”

You may also file a complaint with U.S. Department of Health and Human Services Office for Civil Rights (“HHS”) by mail, fax, e-mail, or via the OCR Complaint Portal if you feel your privacy rights have been violated. HHS’s current website concerning complaints is located at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

We will not retaliate against you for filing a complaint.

**CONTACT US.**

To contact us about matters related to this Notice and your rights, please contact Alisa Baxley, Director of Risk & Compliance, 910-485-7070 Ext: 2622, alisa@valleygatedsc.com.

**EFFECTIVE DATE OF THIS NOTICE**

This Notice of Privacy Practices is effective as of **10/23/2024**