HIPPA Policy

Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

What is This Notice about and Why is it Important?

S.M.I.L.E.S. Integrative Therapy Services, LLC ("S.M.I.L.E.S.") is required by law to maintain the privacy of patient protected health information and to provide patients with notice of its legal duties and privacy practices regarding protected health information.

We understand that your health information is highly personal and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how we may use and disclose your protected health information for:

- treatment
- payment
- health care operations
- other uses and disclosures of such information that the law allows

It also describes your legal right to access and control the use and disclosure of your protected health information.

The rights outlined in this document belong to the patient or the patient's personal representative, who is the patient's parent, legal guardian or any person who has the legal authority to represent the interests of the patient and act on the patient's behalf.

If there is any question as to whether a person is legally qualified to act as a patient's personal representative, please contact S.M.I.L.E.S. directly at the phone number or address listed at the end of this document.

What Does This Notice Cover?

This Notice covers the following types of information:

- Information about your health condition, health care treatment or payment for health care treatment **that could reasonably identify who you are;**

- Information in the possession of any S.M.I.L.E.S. department / division. This applies to all our personnel, volunteers, contractors or anyone working here who might have access to your health information.

We have an Organized Health Care Arrangement Agreement with our Staff which makes this Notice, and the rights and obligations contained herein, applicable to both S.M.I.L.E.S. and to our Staff when they are providing services to patients here.

How We Will Use Your Health Information?

We are permitted to use or disclose to others outside S.M.I.L.E.S., your health information without permission from you for three basic types of activities:

- **Treatment** -- We are permitted to use your health information or disclose it to others outside S.M.I.L.E.S. in order to provide proper medical care to you. This means we can provide your health information to nurses, technicians, doctors, teachers, care providers, allied health professionals, medical students or outside laboratories involved in your care.

For example, the dietitian may need to know your condition if it requires special meals; X-ray and laboratory technicians may need to know your condition to conduct the proper test; or other physicians may need to have your information to advise those providing your care.

In some circumstances we may require you to complete an Authorization form for disclosure of your protected health information to an outside health care provider.

- **Payment** -- We are permitted to use your health information or disclose it to others outside S.M.I.L.E.S. for the care and services you receive.

  For example, information about your care or services may be sent to your insurance company, a government insurance program or another company that processes the information and submits it for payment.

  We may also provide information to your health plan about treatment you may receive so they may approve or disapprove whether you are covered for that care.

- **Health Care Operations** -- We are permitted to use your health information or disclose it to others outside S.M.I.L.E.S. in order to run the center and ensure high quality care.

  For example, we may use your information to review how we provide care to you; we may disclose it to consultants to help us improve how we operate the center; we may disclose it to certain organizations to meet compliance or licensing requirements.

There are situations where we may use your information or disclose it to others outside S.M.I.L.E.S. without your permission, and there are specific circumstances where we must obtain your Authorization prior to using or disclosing your protected health information. They are described below:

- **Appointment Reminders** -- We may use or disclose your health information to send you reminders that you have an appointment for treatment.

- **Treatment Alternatives** -- We may use or disclose your health information to tell you about or recommend possible treatment-related options, activities or alternatives that may be helpful to you.

- **Health-Related Benefits and Services** -- We may use or disclose your health information to tell you about health-related benefits or services that may be of interest to you.

- **Fundraising Activities** -- We may use or disclose your health information to contact you for fundraising activities for S.M.I.L.E.S., by S.M.I.L.E.S., or on our behalf by others.

  In our fundraising, we would only disclose certain information, such as your name, address, phone number, and the dates you received treatment or services at our center.

  If you do not want to be contacted for fundraising efforts, you must notify us in writing.

- **Patient Directory** -- We may include certain limited information about you in our patient directory while you are a patient at our center, such as your name and address.

This directory information may be disclosed to people who ask for you by name.

During initial consultation you will be given an opportunity to withhold your information from our patient directory.

Any time you wish to remove your information from the patient directory, you must notify us in writing.

- **Individuals Involved in Your Care or Payment for Your Care** -- During times of treatment, we disclose your health information only to you or your personal representative.

  We may also disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- **Research** -- Under certain circumstances, we may use and disclose your health information for research purposes.

  For example, we may disclose your information to researchers preparing to conduct an investigation to help them look for patients with specific medical conditions.

- **As Required by Law** -- We will disclose your information when required by law.

- **To Avoid a Serious Threat to Health or Safety** -- We may use and disclose your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- **Marketing** -- We are not permitted to use your information in marketing activities unless you specifically authorize the communication.

Your Rights Regarding Your Health Information

- **Authorization to Use or Disclose Your Information** -- In order for us to use or disclose your information, other than as described above, we will generally need to obtain your written Authorization, which you may revoke at any time to stop any future uses and disclosures.

- **Right to Have Access to Your Information** -- You have the right to look at or have a copy of your health information.

  Exceptions include psychotherapy notes; information that may be used in a civil, criminal or administrative action or proceeding; or where prohibited by law.

- **Right to Amend Your Information** -- If you believe the information we have about you is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. The request must be in writing and directed to S.M.I.L.E.S.

- **Right to Request Confidential Information be Provided in a Certain Way** -- You may request that when we send your information to you, we do so in a specific way that is convenient for you, such as only using a work number or by mail. We are not required to follow your request, but we will make every reasonable effort to do so, or find a mutually satisfactory alternative.

- **Right to an Accounting of Our Disclosures of Your Information** -- You also have the right to receive a list of instances where we have disclosed your health information to others for reasons other than treatment, payment or health care operations, or as Authorized by you. The request must be in writing and directed to S.M.I.L.E.S.

- **Right to Limit Our Use or Disclosure of Your Information** -- You may request in writing that we not use or disclose your information for treatment, payment, operations or any other purpose except when specifically authorized by you, when required by law or in emergency circumstances. We will consider your request and respond, but we are not legally required to accept it.

S.M.I.L.E.S.' Right to Deny Access to Your Protected Health Information

S.M.I.L.E.S. may deny you access to your protected health information if a licensed health care provider determines that:

- Releasing it could endanger you or someone else

- Your protected health information refers to a third party and releasing it could harm that person; or

- Providing access to a personal representative could harm you or another person

If you are denied access under these circumstances, you may appeal that decision. Under certain circumstances, S.M.I.L.E.S. may deny your request for access to your protected health information without giving you an opportunity to appeal that decision.

S.M.I.L.E.S. Duties Regarding Your Health Information

We are required to protect the privacy of your information, establish policies and procedures that do so, provide this Notice about our privacy practices and follow the practices described in this Notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this Notice and post the new Notice at our center. You can request a written copy of the most recent version of this Notice at any time or access it on the S.M.I.L.E.S. web site.

How to Make a Complaint about How Your Information is Used

If you believe we have not properly protected your privacy, have violated your privacy rights or you disagree with a decision we made about access to your protected health information, you may contact our center at the address listed below.

You also may send a written complaint to the US Department of Health and Human Services. S.M.I.L.E.S. can provide you with the appropriate address upon request.

How to Get More Information about Our Privacy Practices

To act on any of the information provided in this Notice or for more information about our privacy practices, you may contact S.M.I.L.E.S:

Phone: (513) 404-5915
Website: www.smilestherapy.com
Mailing Address:
S.M.I.L.E.S. Integrative Therapy Services, LLC
1120 Cottonwood Drive, Suite #4
Loveland, OH 45140