

UW SCHOOL OF DENTISTRY  
CLINICS AND FACULTY PRACTICE PLAN



NOTICE OF

# Privacy Practices

Effective: April 14, 2003

Revision Dates: March 25, 2008; June 27, 2012,  
May 6, 2013

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



**SCHOOL OF DENTISTRY**  
UNIVERSITY *of* WASHINGTON

## OVERVIEW

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We recognize our responsibility for safeguarding the privacy of your health information. This Notice provides information regarding use and disclosure of protected health information (PHI) by UW School of Dentistry Clinics and Faculty Practice Plan when services are provided within UW facilities. This Notice also:

- Describes your rights and our obligations for using your health information.
- Informs you about laws that provide special protections.
- Explains how your PHI is used and how, under certain circumstances, it may be disclosed.
- Tells you how any changes in this Notice will be made available to you.

## THE PROVIDERS

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**UW SCHOOL OF DENTISTRY CLINICS AND FACULTY PRACTICE PLAN:** UW School of Dentistry Clinics and Faculty Practice Plan will share dental and medical information, as necessary, to provide health care services, and to perform payment and health care operations.

Certain individuals or offices within the University of Washington provide support functions to UW School of Dentistry Clinics and Faculty Practice Plan that might include the use of PHI. For example, the University provides risk management and information system support services to UW School of Dentistry Clinics and Faculty Practice Plan. When providing these support services, University staff maintain and protect the confidentiality of your PHI.

**NON-UW HEALTH CARE PROFESSIONALS:** Occasionally, non-UW health care professionals participate in and provide services to patients within UW School of Dentistry Clinics and Faculty Practice Plan. When this occurs, protected health information is shared between the entities or health care professionals as necessary for treatment, payment, and certain health care operations.

## ORGANIZED HEALTH CARE ARRANGEMENTS

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An organized health care arrangement is characterized by separate health care providers participating in joint arrangements, delivering health care together, and sharing PHI for clinical care services, payment for clinical care services, and related health care operations and activities.

School of Dentistry, UW Medicine, Seattle Cancer Care Alliance (SCCA), Seattle Children's, Children's University Medical Group (CUMG) and University of Washington Physicians (UWP) are in Organized Health Care Arrangements to work together in joint activities to provide medical and dental care. For a description of the privacy practices for UW Medicine, Seattle Cancer Care Alliance (SCCA), Seattle Children's, Children's University Medical Group (CUMG) or University of Washington Physicians (UWP) please refer to their Notice of Privacy Practices.

## PROTECTED HEALTH INFORMATION

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This Notice applies to protected health information (PHI) created or received by UW School of Dentistry Clinics and Faculty Practice Plan that identifies you; relates to your past, present or future physical or mental condition; relates to the care provided; or relates to the past, present or future payment for your health care. For example, PHI includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. This information, often contained in your dental or medical record, among other purposes, serves as:

- A means of communication among the many health care professionals who contribute to your care.
- The legal record describing the care you received.
- A means by which you or a third-party payer (such as health care insurance) can verify that services billed were provided.
- A tool to educate health care professionals.
- A source of data for dental research.

- A source of information for public health officials.
- A source of data for facility planning.
- A tool we use to improve the care we give and the outcomes we achieve.

Understanding what is in your record and how your health information is used and disclosed helps you to:

- Ensure accuracy in the record.
- Better understand who, what, when, where, and why others may access your health information.
- Make a more informed decision when authorizing disclosures to others.

## USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

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We may use and disclose PHI without your written authorization for the following reasons:

TO PROVIDE TREATMENT: For example:

- Your dentist uses your PHI to determine whether specific diagnostic tests and medications should be ordered.
- Hygienists, assistants, students, or other personnel may need to know and/or discuss your health problems to carry out treatment and to understand how to evaluate your response to treatment.
- We may disclose your PHI to another one of your treatment providers in the community, unless the provider is not currently providing treatment to you and you direct us in writing not to make the disclosure.
- We may use and disclose your prescription information with pharmacies and health plans to improve patient safety and reduce health care costs.

FOR PAYMENT PURPOSES: For example:

- We may use your PHI to prepare claims for payment of services you have received.

- If you have health insurance and we bill your insurance directly, we will include information that identifies you, as well as your diagnosis, procedures, and supplies used so that we can be paid for the treatment provided.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose your PHI to support daily activities related to health care, for example, to monitor and improve our health services or for authorized staff to perform administrative activities.

**TO TRAIN STAFF AND STUDENTS:** For example, our teaching dentists review PHI with dental students.

**TO CONDUCT RESEARCH:** An Institutional Review Board (IRB) will review each request to use or disclose your PHI to protect the rights, safety, and welfare of research subjects. In some cases, your PHI might be used or disclosed for research without your consent. For example, we might: use some of your PHI to decide if we have enough patients to conduct a cancer research study or include your information in a research database. In these cases, the IRB will determine if using your information without your authorization is justified, and makes sure that steps are taken to limit its use. In all other cases, we must obtain your authorization to use or disclose your information for a research project. We may share information about you used for research with researchers at other institutions.

**TO CONTACT YOU FOR INFORMATION:** Your PHI may also be used to contact you. For example, we may call you or send you a letter to remind you about appointments, provide test results, inform you about treatment options, or advise you about other health-related benefits and services.

**TO CONDUCT FUNDRAISING:** School of Dentistry Clinics and Faculty Practice Plan may use information such as your name, date of birth, address, phone number, health insurance status, the dates you received services, department of service information, treating provider information

and outcome information to contact you for fundraising activities. We will not prohibit or condition treatment or payment on whether you choose to receive fundraising communications. We raise funds to expand and support health care services, educational programs, and research activities related to curing disease. We will not sell, trade, or loan your information to any third parties, but the School of Dentistry Clinics and Faculty Practice Plan may share it with third parties working directly for the Clinics or Practice Plan. If you do not wish to be contacted as part of our fundraising efforts, please notify us at:

UW SCHOOL OF DENTISTRY COMPLIANCE OFFICE  
Box 356365  
Seattle, WA 98195-6365  
206-543-5331  
[compliance@dental.washington.edu](mailto:compliance@dental.washington.edu)

**JOINT ACTIVITIES:** Your health information may be used and shared by UW School of Dentistry Clinics and Faculty Practice Plan with other individuals or organizations that engage in joint activities with the Clinics and Practice Plan.

**BUSINESS ASSOCIATES:** Your health information may be used by the UW School of Dentistry Clinics and Faculty Practice Plan and disclosed to individuals or organizations that assist the Clinics and Practice Plan or to comply with their legal obligations as described in this Notice. For example, we may disclose information to consultants or attorneys who assist us in our business activities. These business associates are required to protect the confidentiality of your information with administrative, technical and physical safeguards.

**OTHER USES AND DISCLOSURES:** We also use and disclose your information to enhance health care services, to protect patient safety, to safeguard public health, to ensure that our facilities and health care professionals comply with government and accreditation standards and when otherwise allowed by law.

For example, we provide or disclose information:

- About FDA regulated drugs and devices to the U.S. Food and Drug Administration.
- To government oversight agencies with data for health oversight activities such as auditing or licensure.
- To public health authorities with information on communicable diseases and vital records.
- To your employer, findings relating to the purposes of medical surveillance of the workplace or evaluation of work-related illnesses or injuries.
- To Workers' Compensation agencies and self-insured employers for work-related illness or injuries.
- To appropriate government agencies when we suspect abuse or neglect.
- To appropriate agencies or persons when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm.
- To law enforcement when required or allowed by law.
- To court order or lawful subpoena.
- To coroners, medical examiners and funeral directors.
- To government officials when required for specifically identified government functions such as national security.
- When otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining our compliance with our obligations to protect the privacy of your health information.
- If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

## USE AND DISCLOSURE

### WHEN YOU HAVE THE OPPORTUNITY TO OBJECT

**DISCLOSURE TO AND NOTIFICATION OF FAMILY, FRIENDS, OR OTHERS:** Unless you object, your health care professional will use his or her professional judgment to provide relevant protected health information to your family member, friend, or another person that you indicate has an active interest in your care or the payment for your health care or for notifying these individuals of your location, general condition or death.

**DISCLOSURE FOR DISASTER RELIEF PURPOSES:** We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by its charter or by law to assist in disaster relief efforts.

## USE AND DISCLOSURE

### REQUIRING YOUR AUTHORIZATION

Other than the uses and disclosures described above, we will not use or disclose your protected health information (PHI) without your written authorization. School of Dentistry Clinics and Faculty Practice Plan requires your written authorization for most uses and disclosures of psychotherapy notes, for marketing (other than a face-to-face communication between you and a School of Dentistry workforce member or a promotional gift of nominal value); or before selling your protected health information (PHI). If you provide us with written authorization, you may revoke that authorization at any time unless disclosure is required for us to obtain payment for services already provided, we have otherwise relied on the authorization, or the law prohibits revocation.

## ADDITIONAL PROTECTION

### OF YOUR PATIENT HEALTH INFORMATION

Special state and federal protections apply to certain classes of patient health information. For example, additional protections may apply to sexually transmitted disease information, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS. When required by law, UW School of Dentistry will obtain your authorization before releasing this type of information.



# YOUR INDIVIDUAL RIGHTS

## REGARDING PATIENT HEALTH INFORMATION

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You have rights related to the use and disclosure of your protected health information. To exercise your rights, you may contact UW School of Dentistry Patient Services at:

### PATIENT SERVICES

UW School of Dentistry

Box 357131

Seattle, WA 98195

(206) 685-1022

Your specific rights are listed below:

- **The right to request restricted use:** You may request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when specifically authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. If you make your request to UW School of Dentistry Patient Services, we will provide you with written notice of the decision regarding your request.
- **The right to request nondisclosure to health plans items or services that are self-paid:** You have the right to request in writing that health care items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.
- **The right to receive confidential communications:** You have the right to request that we communicate with you about dental and medical matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the address above. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **The right to inspect and receive copies:** In most cases, you have the right to inspect and receive a copy of certain health care information including certain dental, medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **The right to request an amendment to your record:** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we correct the existing information or add the missing information. In your request for the amendment, you must give a reason for the amendment. We are not required to amend your record, but a copy of your request will be added to your record if you direct us to file it.
- **The right to know about disclosures:** You have the right to receive a list of instances when we have disclosed your health information except in certain instances, such as disclosures for treatment, payment, or health care operations or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Each additional request within the same calendar year will require a processing fee.
- **The right to make complaints:** If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with the UW School of Dentistry Compliance Office. The UW School of Dentistry will not retaliate against any individual for filing a complaint.

If you believe that your privacy rights have been violated, you may also contact the U.S. Department of Health and Human Services, Office for Civil Rights:

OFFICE FOR CIVIL RIGHTS  
US Department of Health and Human Services  
2201 Sixth Avenue – Mail Stop RX-11  
Seattle, WA 98121  
206-615-2290; 206-615-2296 (TDD)  
206-615-2297 FAX

## OUR LEGAL DUTIES

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We are required by law to protect the privacy of your information, notify affected individuals following a compromise of unsecured protected health information (PHI), provide this Notice about our privacy practices, and follow the privacy practices that are described in this Notice.

We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. We will post a copy of the current Notice at each UW School of Dentistry Clinic. In addition, each time you register at or are admitted to a UW School of Dentistry Clinic for treatment or health care services, you may request a copy of the current Notice in effect from your health care professional or you may request a copy of this Notice from the UW School of Dentistry Compliance Office. An electronic version of the notice is posted at [dental.washington.edu/compliance](http://dental.washington.edu/compliance).

[www.dental.washington.edu/compliance](http://www.dental.washington.edu/compliance)

UNIVERSITY OF WASHINGTON

## The School of Dentistry

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Seattle, WA 98195-6365, USA

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