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## 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.

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***Please review it carefully. The privacy of your health information is important to us.***

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### **OUR LEGAL DUTY:**

We are 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 effect. This notice takes effect May 1<sup>st</sup>, 2022, 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. This includes all health information that we maintain including health information we created or received before we made 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.

### **USE AND DISCLOSURE OF HEALTH INFORMATION:**

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

**Treatments:** We may use or disclose your health information to a physician or other healthcare provider treating you.

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

**Healthcare Operation:** We may use and disclose your health information in connection with our healthcare operation and provider performance. We may use and disclose health information for other purposes, such as: conducting training programs, accreditation, certification, licensing, or credentialing activities. We may also disclose health information to other entities, such as when another entity requests information for health care operations or to detect health care fraud and abuse. 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. We cannot use or disclose your health information for any reason except those described in this notice.

**To your family and friends:** We 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.

**Person Involved in Care:** We may use or disclose health information to notify or assist in the notification of (Including identifying or location) a family member, your personal representative, or another person responsible for your care, your location, your general condition, or death. If you are present, then prior to 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 an emergency circumstance, we will disclose health information based on a determination using our professional judgment. We will disclose only health information that is directly relevant to the person's involvement in your best 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 required to do so by law.

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



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**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 institutions or law enforcement officials having custody of protected health information of inmates or patients under certain circumstances.

**Appointment Reminders:** We may disclose your health information to provide you with appointment reminders (such as voicemail messages, texts, 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 practically 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 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 \$0.05 per page, and \$10.00 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 said 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 schedule.

**Disclosure Accounting:** You have the right to receive a list of names in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, or other activities for the last year, but not before May 6<sup>th</sup>, 2022. If you request this accounting more than once a 12-month period, we may charge a reasonable fee for requesting these additional documents.

**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).

**Alternate 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 a satisfactory explanation on how payments will be handled under the alternative means or location by your request.

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

**Electronic Notice:** If you receive this notice on our website or by email, 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, if you disagree with the decision we made to access your health information in response to a request you made to amend, restrict, use or disclose of your health information, or if you feel we may have violated your privacy right to have us communicate with you by alternative means or locations, you may write your complaint to us using the contact information listed at the end of this notice. 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 Health Services.

#### **Smiling with Love Pediatric Dentistry**

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