

# **LAYTON HILLS DENTAL**

## **Privacy Policies**

Layton Hills Dental has adopted the following policies related to the disclosure of personally identifiable information as required by Title V of the Gramm-Leach-Bliley Act (P.L 106-102), As implemented by Section R590-206 of the Utah Administrative Code. In adopting these policies, PIE acknowledges that additional state and federal laws may govern other aspects of the retention of disclosure of personal or private information, including but not limited to the Health Insurance Portability and Accountability Act, the Fair Credit Reporting Act, and state law governing medical records, health or insurance information privacy.

1. No personally identifiable financial information shall be released to any person or entity without written authorization by the insured to release that information. For purpose of these Privacy Policies, the term “insured” includes those persons defined as consumers and customers under Section R590-206-5(1), Utah Administrative Code.

2. “Personally identifiable financial information” includes any information:

- (i) A consumer (Layton Hills Dental insured) provides to a licensee (Layton Hills Dental; to obtain an insurance product of service from the licensee;
- (ii) About a consumer resulting from a transaction involving an insurance product or service between a licensee and a consumer; or
- (iii) The licensee otherwise obtains about a consumer in connection with providing and insurance product or service to that consumer.

3. If request are received from dental insurance carriers pertaining to claims information such information shall not be released without written authorization by the insured to release such information.

4. If requests are received from dental insurance carriers pertaining to claims information, such information shall not be released without written authorization by the insured to release such information.

5. Specific information pertaining to ongoing and closed claims and/or premium amounts billed for and paid by insured consumers shall be kept confidential and shall be limited to the following affiliates and non-affiliated third parties:

- A. Layton Hills Dental Staff
- B. Advisory Committee
- C. Lawyers handling claims
- D. Accountants and Actuaries who require claims information to calculate reserves etc.
- E. Reinsurer and Administrator to enable them to calculate quarterly premiums due for reinsurance by PIE.
- F. Potential expert witnesses who must review claims for defense purposes
- G. Insurance Department Examiners and their designees.

6. Layton Hills articles and other articles submitted for publication shall be written such that privacy of the insured and plaintiff shall be preserved and protected.

## **PATIENT RIGHTS, CTD.**

**DISCLOSURE FREQUENCY:** You have the right to receive a list of instances in which this practice disclosed your dental information for the purposes other than treatment, payment, dental practice operations and certain activities for the six month period starting May 1, 2006 and at six month interval thereafter. If you request this accounting more than once in a twelve month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**RESTICTION:** You have the right to request that we place additional restrictions on our use of disclosure of your dental health information. We reserve the right to discuss your request and we are not required to agree to your additional restrictions. If we agree to abide by your request, however, we may be exempted from this agreement in the event of an emergency.

**ALTERNATIVE COMMUNICATION:** You have the right to request that we communicate with you about your dental health information by alternative means to alternative locations (fax or e-mail, for example). You must make your request in writing. Your request must specify the alternative means or location.

**AMENDMENT:** You have the right to request that we amend your dental health information that has been provided to you. Your request be in writing and it must explain why the information should be amended. We reserve the right to deny your request under certain circumstances.

**ELECTRONIC NOTICE:** If you first reviewed our privacy policies on our web sites or by e-mail you are entitled to receive this Notice in written form upon request.

## **QUESTIONS AND COMPLAINTS**

If you want additional information about our privacy policies or have questions or concerns, you should contact our privacy officer listed below.

If you believe or are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your dental health information or in response to a request you made to amend or restrict the use or disclosure 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 may also correspond with the U.S. Department of Health and Human Services. We will provide you with the address of the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your dental 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.

Office Privacy Officer: Karen Martinez

Office Telephone: 801-543-2273

Office Fax: 801-991-2993

Email Address: [LaytonhillsdentalA@hotmail.com](mailto:LaytonhillsdentalA@hotmail.com)

Address: 743 N. King St., Ste 300, Layton, Utah 84041

# ***LAYTON HILLS DENTAL***

## **ACKNOWLEDGEMENT OF RECEIPT OF OFFICE PRIVACY POLICIES**

I, \_\_\_\_\_, have received a copy of this office's Privacy Policies.

\_\_\_\_\_  
Name (Please Print Legibly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

