



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED BY “BAYSHORE DENTAL EXCELLENCE” AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR RIGHTS: When it comes to your health information you have certain rights. This section explains your rights.

Upon written request, you may:

- Request to see or get an electronic or a paper copy of your health record or other information we have about you. We will also provide a summary of your health information, if requested. We may charge a reasonable, cost-based fee. We will provide this information as soon as possible, but no later than 30 working days of the request.
- Request to correct health information you think is incorrect or incomplete. We may decline but will provide explanation in writing within 60 days.
- Request to communicate with you in a certain way (for example, home or office phone) or to send mail to a different address. We will accommodate all reasonable requests.
- Request not to use or share certain health information for treatment, payment or our operations. We are not required to agree to the request if it would affect your care.
- Pay for a service or health care item out of pocket, in-full, and ask us not to share that payment or our operations with your health insurer; we will agree unless we are required by law to share that information.
- Request a list or an accounting of the times we have shared your health information for reasons other than treatment, payment, healthcare operations, and when you have asked us to share information. We will provide a list for the past six years for the request. One request per year will be provided free of charge. For additional requests we may charge a reasonable, cost-based fee.
- Request to revoke an authorization to use or disclose Protected Health Information (PHI) at any time except where action has already been taken.

You may also:

- Choose someone to act on your behalf. If you have given someone medical power of attorney or they are your legal guardian, that person can exercise your rights and make choices about your health information. We will ask for proof of this relationship before we take any action.
- Request a paper copy of this document even if you have agreed to receive the notice electronically. We will provide that copy promptly.
- File a complaint if you feel your rights have been violated. You may contact the designated Privacy Officer, Amanda Bigler at 7643 Market Street, Wilmington, NC 28411. 910-686-9802. abigler@bayshoredental.net
- File a complaint with the US Department of Health & Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S. W., Washington, D. C. 20201, or calling 1-877-696-6775, or visiting hhs.gov/orc/privacy/hippa/complaints. We will not retaliate for filing a complaint.

OUR RESPONSIBILITIES: The law requires us to:

- Maintain the privacy and security of your Protected Health Information.
- Notify you promptly if a breach occurs that may compromise the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- Not to use or share your information other than what is described in this notice unless you tell in writing. If you tell us we can and you change your mind, just let us know in writing you have changed your mind.

YOUR CHOICES – For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in situations described below, please let us know.

- In these cases, you have both the right and the choice to tell us to: share information with your family, close friends, or others involved in your care and share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it in your best interest. We may also share your information, when needed, to lessen a serious and imminent threat to health or safety.

- In these cases, we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes

OUR USES AND DISCLOSURE – We typically use or share your health information in the following ways:

Treatment: We can use your health information and share it with other professionals who are treating you. Example: we may share your information to an outside doctor for referral. We will also provide your health care providers with copies of various reports to assist them in your treatment.

Payment: We can use or share your health information to bill and get payment from health plans or other entities. Example: we give information about you to your health insurance plan so it will pay for your healthcare.

Health Care Operations: We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: we use health information about you to manage your treatment and services.

Other ways we can use or share your health information – We are allowed or required to share your information in other ways; usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

- **Help with public health and safety issues:** We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medication, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health and safety.
- **Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human services if it wants to see if we are complying with federal privacy law.
- **Respond to organ and tissue donation requests:** We will share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director:** We can share your health information with a coroner, medical examiner, or funeral director when you die.
- **Address workers' compensation, law enforcement, and other government requests:**
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions:** We can share your health information to respond to a court or administrative order, or in response to a subpoena.
- **Research:** We can use or share your information for health research.

CHANGES TO THIS NOTICE – We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

Privacy Officer: Amanda Bigler **Email:** abigler@bayshoredental.net **Phone:** 910-686-9802

This Notice was published and becomes effective on 4/13/03, revised 6/24/25.

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