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- On the last page click the email button at the bottom it will put the pdf file in an email window with our email address. HIT SEND and we will see you at your first appointment at our office.

**IF YOU ANY QUESTIONS PLEASE CALL
919-488-0111**



Notice of Privacy Practices

THIS DOCUMENT DESCRIBES HOW WE AT WAKE DENTAL SLEEP (WDS) MAY USE AND DISCLOSE MEDICAL AND FINANCIAL INFORMATION ABOUT YOU (PROTECTED HEALTH INFORMATION – PHI) THAT IS IN OUR POSSESSION. IT ALSO DESCRIBES HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

We may change our privacy practices at any time as allowed by state and federal law. If we make a significant change in those practices, we will amend this Notice and make the new Notice available on request. To request a copy of our Notice or for more information, please contact Dr. Jennifer Le. Please review this notice carefully.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS: Federal law does not require us to obtain consent to use or disclose your PHI for treatment, payment and health care operations. For example, we may use or disclose your PHI to another health care professional to provide treatment to you. We may use or disclose your PHI to obtain payment for services we provide to you or to determine eligibility or coverage for services. We may also use your PHI in connection with performance and operation of WFD. This includes quality assessment, licensure and credentialing activities, training, audits, legal services, administrative services, case management and care coordination, among other similar activities.

USES PURSUANT TO AN AUTHORIZATION: As permitted by federal and state law, we may disclose your PHI with your consent. You may generally revoke your consent in writing at any time to the extent we have not already relied on that consent. It is understood that such consent may authorize the release of information to which you have not had access or to information that has not been generated at the time of the execution of the release.

FURTHER DISCLOSURES: Federal and state law do not require patient consent for the following disclosures:

- A. Child abuse: We must report to the local Department of Social Services information that leads us to reasonably suspect child abuse or neglect. We must also comply with a request from the Director of the Department of Social Services to release records relating to a child abuse or neglect investigation.
- B. Adult abuse: We must report to the local Department of Social Services information that leads us to reasonably suspect that a disabled adult is in need of protective services.
- C. Judicial/Administrative Proceedings: We must comply with an appropriately issued court order or subpoena requiring that we release your PHI.
- D. Serious Threat to Health or Safety: We may disclose your PHI to protect you or others from a serious threat of harm.
- E. Worker's Compensation: Under certain circumstances, we may disclose your PHI in connection with a Worker's Compensation claim that you have filed.
- F. As Required by Law: There may be instances where either federal or state law requires that we release your PHI.
- G. Appointment Reminders: We may also use your PHI to remind you about appointments or to provide you information concerning rescheduling your appointment.

PATIENT RIGHTS

- A. You have a right to request restrictions on certain uses and disclosures of PHI; however, federal law does not require that we comply with all requests. You can request and receive confidential communications of PHI by specified means and at alternative locations.
- B. You may inspect or obtain a copy of PHI in certain circumstances. If we deny you that right, you may have this decision reviewed. We will answer your questions concerning the details of the reviewing process.
- C. You may request an amendment of PHI so long as we maintain that PHI in our records. Federal law does not require us to agree to each such request. We will answer your questions about the amendment process.
- D. You have a right to receive an accounting of most disclosures of PHI for which you have not provided consent. We will answer your questions concerning the accounting process.
- E. You have a right to obtain a paper copy of this notice from us upon request, even if you have received this notice electronically.

OUR DUTIES

- A. We have the obligation to maintain the privacy of your PHI as required by federal and state law.
- B. We must provide you with notice of our legal duties regarding your PHI and our privacy practice.
- C.
- D. We must abide by the terms of the Notice currently in effect.

QUESTIONS: If you have questions about this notice, disagree with a decision we make about access to your PHI or have other concerns, contact Dr. Jennifer Le at (919) 488-0111. You may also file a complaint with the Secretary of the US Department of Health and Human Services. We can provide you with that address. You have the right to be free from retaliation from us for exercising your right to file a complaint. This policy is effective this date _____

****** You are not required to sign this form.**

Policy Regarding Notice of Privacy Practices

Purpose:

The HIPAA Privacy Rule requires Dr. Jennifer Le, d/b/a Wakefield Family Dentistry, (“this office”) to publish a notice describing its privacy practices. This notice is commonly referred to as a Notice of Privacy Practices.

Policy:

To Implement the Notice Provisions of the HIPAA Privacy Rule:

1. By and through its HIPAA Compliance Officer, this office will maintain a Notice of Privacy Practices (NPP) that complies with the HIPAA Privacy Rules as they may be amended from time to time.
2. By and through its HIPAA Compliance Officer, this office will maintain a copy of its NPP on any website maintained by this office. The NPP must be available electronically through the web site.
3. By and through its HIPAA Compliance Officer, this office will post a copy of its NPP in a prominent location at any clinic where this office provides patient care services.
4. By and through its HIPAA Compliance Officer, this office will notify affected patients of any material revision to the NPP.
5. By and through its HIPAA Compliance Officer, this office will maintain a copy of each NPP that has been adopted by this office. A copy of each NPP will be maintained for a period of at least 6 years from its effective date.
6. Administrative staff members who assist with the admission of new patients to the practice will offer to provide each new patient with a copy of the NPP. These staff members will request each patient to sign a receipt of the copy of NPP. If the patient refuses to sign a receipt of the copy of NPP, the staff member will document the patient’s refusal. Forms that document the receipt of the copy or the refusal to sign the receipt are attached hereto and incorporated herein. Administrative staff shall store the executed receipt or refusal in the patient’s file with this office.
7. Administrative staff members must provide the copy of the NPP to the patient before patient care services are provided except in an emergency treatment situation. In cases of such emergencies, the administrative staff must provide the copy of the NPP to the patient as soon as reasonably possible.

Adopted this date _____

Jennifer Le, DMD

**Wake Dental Sleep
Acknowledgment of Receipt of Privacy Notice**

**** You are not required to sign this form ****

I have received a copy of this firm's Notice of Privacy Practices.

(Patient signature)

(Date)

**Wakefield Family Dentistry
Acknowledgement Not Obtained**

**** For Office Use ONLY****

I could not obtain an acknowledgement of receipt of privacy notice for:

(Patient Name) _____

because:

_____ Patient declined

_____ Emergency

_____ Other: _____

_____(Employee signature)

Date _____

NOW THAT YOU HAVE COMPLETED THE FORM SAVE FOR YOUR RECORDS AND SEND TO US IN TWO EASY STEPS.

Once form is completed click to save add your first initials to the end of the pdf (before the .pdf) file then click to email and it will open up your email hit send.

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