

Effective Date: April 14, 2003, updated June 2005

---

THOMAS N. BARRETT D.M.D., M.S., P.C.

## 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.

PLEASE REVIEW IT CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

---

**WHO WILL FOLLOW THIS NOTICE** This notice describes the information privacy practices followed by Dr. Barrett our employees, staff and other office personnel.

**YOUR HEALTH INFORMATION** We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care maintained in our office. Other dentists or healthcare providers you use may have different policies or notices regarding the use and disclosure of your medical information. This notice will tell you about the ways in which we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your information. We are required by law to make this notice available to you. We are required to: make sure that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect. This Notice takes effect 4-14-03, was revised June 23, 2005, 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. 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 please contact us using the information listed at the end of this Notice.

---

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

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

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing or having provided treatment to you. For example, we may discuss your treatment with your referring dentist so we can determine the most appropriate care for you. Family members and other health care providers outside this office may be part of your medical care and may require information about you that we have.

**Payment:** We may use and disclose health information about you so that the treatment and services received at this office may be billed to and payment may be collected from you, an insurance carrier or a third party. This may involve the use of a collection agency. For example, we may need to give information about a service you received here at this office to your insurance carrier so they will pay us or reimburse you for the service. We may also disclosed personal information about you to obtain benefit information or to determine whether your plan will cover the treatment.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Appointment reminders phone contact:** We may contact you by phone or leave a message on a home, work, or cell phone as a reminder that you have an appointment scheduled in our office or to let you know that we need to reach you regarding your care. You might also receive postcard reminders or letters. Please notify us if you do not wish to be contacted for appointment reminders.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. 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 while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must 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 or 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.

**Persons Involved in Care:** We may use or disclosed health information about you to a friend or family member who is involved in your medical care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also give information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, if the patient is a minor we may assume you agree to our disclosure of your child's personal health information to both parents. In situations where you are not capable of giving consents (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation we will disclose only health information relevant to the person's involvement in your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. 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 are required to do so by law.

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

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to an authorized federal official the health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

---

## **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 practicably 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 cost-based 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 \$0.25 for each page, actual costs for x-ray copies, 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 that 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 structure.)

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**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).

**Alternative 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 satisfactory explanation how payments will be handled under the alternative means or location you request.

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

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

---

**QUESTIONS AND COMPLAINT**

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, or you disagree with a decision we made about access to your 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 also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

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 Human Services.

Effective April 2005 – Regarding e-mail communication. Our office will not transfer your private information to any other business or healthcare entity through e-mail unless it is encrypted for security. If you request communication with our office through e-mail you will need to sign a privacy waiver provided by our office as our e-mail does not have encryption capabilities. Please call our office if you require a waiver form.

CONTACT AND PRIVACY OFFICERS: Susan Barrett and Lani Miller

Telephone: 503-246-4499      Fax: 503-246-8932

Address: 9370 SW Greenburg Rd. Ste 204, Portland, Or. 97223

E-mail: [office@247endo.com](mailto:office@247endo.com)