



ELLIS K. LIST, D.D.S., P.A.
COMPREHENSIVE & ESTHETIC DENTISTRY

1020 BROAD STREET, DURHAM, NC 27705-4144 • 919.682.5327 • DRLIST1014@AOL.COM

Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this Notice, please contact our Privacy Officer, at 919-682-5327. Effective April 14, 2003 and revised July 24, 2013.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry our treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control our protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to our past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our Notice, at any time. The new Notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website www.durhamncdentistry.com, sending us an email at drlist1014@aol.com, calling the office at 919-682-5327 or asking for a copy at the time of your next appointment.

Uses and Disclosures of Protected Health Information (PHI): Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice. Example: Your PHI may be provided to a physician to whom you have been referred for evaluation to ensure that the physician has the necessary information to diagnose and treat you. We may also share your PHI from time to time to another physician or health care provider (e.g., specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

We may also share your PHI with people outside of our practice that may provide medical care for you such as home health agencies.

- **Coroners, funeral directors:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.
- **Medical research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Special government purposes:** Information may be shared for national security purposes, or if you are a member of the military, to the military under limited circumstances.
- **Correctional institutions:** Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of other individuals.
- **Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

MASTER, ACADEMY OF GENERAL DENTISTRY, MEMBER OF THE AMERICAN DENTAL ASSOCIATION,
AMERICAN ACADEMY OF COSMETIC DENTISTRY, & THE L.D. PANKEY ALUMNI ASSOCIATION

www.DURHAMNCDENTISTRY.COM



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Other uses and disclosures of your health information.

- **Business Associates:** Some services are provided through the use of contracted entities called “business associates”. We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies or transcription and confirmation services.
- **Health Information Exchange:** We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.
- **Treatment alternatives:** We may provide you notice of treatment options or other health related services that may improve your health.
- **Appointment reminders:** We may contact you as a reminder about upcoming appointments or treatment.

We may use or disclose your PHI in the following situations UNLESS you object.

- We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss post procedural instructions with the person who drove you to the facility unless you tell us specifically not to share the information.
- We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

You have the right to request for us to communicate in different ways or in different locations. We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

You may have the right to request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

You have the right to a list of people or organizations who have received your PHI from us. This applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or shorter timeframe. If you request more than one list within a 12 month period, you may be charged a reasonable fee.

Additional Privacy Rights.

- You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation, we will give you this Notice as soon as possible.
- You have a right to receive notification of any breach of your PHI.
- **Complaints.** If you think we have violated your rights or you have a complaint about our privacy practices, you can contact Diane Voss at 919-682-5327. You may also complain to the United States Secretary of Health and Human Services if you believe your privacy has been violated by us. If you file a complaint, we will not retaliate against you for filing a complaint.

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