

对您的受保护的健康信息（亦称作医疗记录）进行保密，是 All Smiles Community Oral Health 的首要任务。我们可能由于许多原因需要使用有关信息或向他人作出披露。本隐私惯例通知旨在向您告知我们可以使用和发布您医疗记录信息的方式。本页并非隐私惯例通知的全文。通知全文可应要求提供。除恪守承诺保护您的信息外，根据联邦法律，我们还需要履行若干义务。其中一项义务便是向您提供本通知。

### 隐私惯例通知全文所述事项

- **我们如何在未获得您许可的情况下使用和分享您的健康信息以：**
  - 向您提供治疗。
  - 就我们向您提供的服务获得付款。
  - 按照法律规定向联邦、州和地方机构等作出报告。
  - 就公共健康、安全及/或研究目的作出报告或分享信息。
- **除非我们给予您机会提出异议，否则我们如何在未获得您许可的情况下分享您的信息以：**
  - 向参与您护理的家人、朋友或其他人分享有关您的信息，以就您收到的服务获得付款。
  - 发生不幸时分享信息，以让您的家人和朋友了解您在哪里及您的一般情况。
- **我们如何仅在获得您许可的情况下使用和分享您的医疗信息以作出上文所述以外的披露。**
- **联邦隐私法赋予您的法定权利包括以下权利：**
  - 要求查看和复制您的医疗信息。
  - 要求改正您医疗信息中的不准确或不完整信息。
  - 要求我们为付款、治疗或健康护理业务的目的而发送您信息的地点列表，经您允许的发送者除外。
  - 要求我们限制我们为治疗、付款或健康护理业务的目的而使用或分享的信息，或我们与参与您护理的家庭成员或其他人分享的信息。  
我们无须同意您的请求
  - 要求我们以保密的方式与您沟通。
  - 随时要求获取隐私惯例通知纸质副本。
  - 在无担保、受保护的健康信息遭违反时获得通知。
  - 在您认为您的隐私权遭侵犯时提出控告。
  - 全额自付健康护理项目或服务费用，并限制向您的健康计划提供者披露该特定的项目或服务。



## **SUMMARY OF NOTICE OF PRIVACY PRACTICES**

The confidentiality of your protected health information, also called your medical record, is a high priority at All Smiles Community Oral Health. There are a number of reasons we may need to use this information or disclose it to others. This Notice of Privacy Practices is provided to inform you of the ways we can use and release information from your medical record. THIS PAGE IS NOT THE FULL NOTICE OF PRIVACY PRACTICES. The full notice is available upon request. In addition to our longstanding commitment to protecting your information, there are certain obligations we have under federal law. One of those obligations is to provide you with this Notice.

### **THINGS EXPLAINED IN THE FULL NOTICE OF PRIVACY PRACTICES**

- **How we may use and share your health information without your permission to:**
  - Provide treatment to you.
  - Get paid for the services we provide to you.
  - Make reports to federal, state, and local agencies and others when the law requires such reporting.
  - Make reports or share information for public health, safety, and/or research purposes.
- **How we can share your information without your permission, but only if we give you a chance to object:**
  - To share information about you to family, friends, or others involved in your care for payment for the services you receive.
  - To share information in case of a disaster to let your family and friends know where you are and your general condition.
- **How we can use and share your medical information only with your permission for disclosures other than those described above.**
- **Your legal rights under federal privacy laws include your right to:**
  - Ask to see and copy your medical information.
  - Ask that incorrect or incomplete information in your medical information be corrected.
  - Ask for a list of the places we have sent your information unless it was sent with your permission, for payment, treatment, or health care operations.
  - Ask that we limit the information we use or share for treatment, payment, or healthcare operations, or the information we share with family members or others involved in your care. We are not required to agree to your request.
  - Ask that we communicate with you in a confidential manner.
  - Ask for a paper copy of the Notice of Privacy Practices at any time.
  - Be notified in the event of a breach of unsecured, protected health information.
  - File a complaint if you think your privacy rights have been violated.
  - Pay out of pocket in full for a healthcare item or service and restrict disclosure of that particular item or service to your health plan provider.