

# Magnolia Pedraza, D.M.D., M.S.

## 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.

**OUR LEGAL DUTY** - We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices described in this notice while it is in effect. This notice takes effect on 04-01-03 and remains 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. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created and received before we made the changes. 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 or for additional copies of this notice please contact us using the information listed at the end of this notice.

**USES AND DISCLOSURE OF HEALTH INFORMATION** – We use and disclose health information about your treatment for **payment** and **healthcare operations**. For example:

**Treatment:** We may use and disclose your health information to a physician or other healthcare provider providing treatment for you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide for you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality of assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating the practitioner and providing performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your healthcare 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 purposes. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization when 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, friend or other person to the extent necessary to help with your healthcare or payment for your healthcare, but only if you agree we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or death. If you are present, then prior to use or disclosure of your health information, we may provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences to 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.

**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 use or disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim or abuse, neglect, 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 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 authorized federal officials health information required for lawfully intelligence, counterintelligence and other national security activities.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards and letters).

## **PATIENT RIGHTS**

**Access:** You have the right to look at our get copies of your health information, with limited exceptions. You may request that we provide copies in a format other the 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 be charged a reasonable cost-based fee for expenses such as copies and postage.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associated and disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before 04-14-03. 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.

**Restrictions:** You have the right to request that we place additional restrictions on our used 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 alternate locations. (You must make the request in writing). Your request must specify the alternate means or location and provide satisfactory explanation how payments will be handled under the alternate means or location you request.

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

**QUESTIONS AND COMPLAINTS:** If you want more information about or privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights or if 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 alternate means or at alternate locations, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to the US Department of Health and Human Services.

We support your right to privacy of your health information. We will not retaliate in any way if you chose to file a complaint with us or the US Department of Health and Human Services.

**Magnolia Pedraza, D.M.D., M.S.**

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Springfield IL 62704**

**(217) 787-0422**