

**Health Artistry Integrity, Inc.**  
**James B. Polley, DDS**

## **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 read it carefully. The privacy of your health information is important to us.***

**The Purpose of this Notice:**

Federal and state law requires us to maintain the privacy of your health information. We are also required to give you this Notice to help you understand what our legal duties are, how we will protect your health information, when and how we will share your health information, and your rights concerning your health information.

**Uses and Disclosures With Authorization:**

You may give us written authorization to use your health information or to disclose it to anyone for any purpose. You can cancel this at any time by notifying us in writing to stop any further use or disclosure. The cancelation of authorization will not affect any information that has already been shared.

**Uses and Disclosures Not Requiring Your Authorization - Most Common Reasons:**

*Treatment:* We may share your health information with another dentist, physician or other healthcare provider providing treatment to you. We may also disclose health information to a family member or friend who is involved with your care or payment if we believe it is in your best interest to do so.

*Payment:* We may share your healthcare information with health plans, insurers, family members and/or friends involved in your care, to obtain payment for services we provide to you.

*Healthcare Operations:* We may share health information about you to run our practice, including review of our treatment services, training, evaluation of the performance of our staff, quality assurance, financial and billing audits, legal matters, and business planning and development.

**Uses and Disclosures Not Requiring Your Authorization - Examples of Other Reasons:**

**For your treatment and payment**

- When you need emergency care
- To tell you about treatment choices
- To remind you about appointments

**For Public Health Reasons**

- To help researchers study health problems
- To help public health officials stop the spread of disease or prevent injury
- To protect you or another person if we think you are in danger

**Other special uses**

- To help police, courts and other people who enforce the law
- To obey laws about reporting abuse and neglect
- To report information to the military
- To obey court orders
- For worker's compensation
- To help government agencies review our work and investigate problems
- To help our business partners do their work

## **Your Rights:**

To exercise any of these rights, you must submit a written request to the Privacy Official listed at the end of this Notice.

- You may ask us to give you a paper copy of the Notice at any time.
- You can ask us to place additional restrictions on how we use or disclose your health information to carry out treatment, payment or health care operations or to your family member or friend involved in your care or the payment for your care. We may not (and are not required to) agree to your requested restrictions.
- You may ask to restrict the release of your health information to a health plan when you have paid out of pocket in full for items or services.
- You can ask to look at your health information and get a copy of it in a reasonable and mutually agreeable format. You may be charged a reasonable fee to cover the cost of providing copies of your health information. We may deny your request for access to your health information under certain circumstances.
- If you think something is missing from or wrong in your health record, you can ask us to make changes.
- You can ask us to give you a list of the times (after April 14, 2003) that we have shared your health information with someone else. This will not include the times we have shared your information for the purposes of treatment, payment or health care operations.
- You can ask us to mail health information to an address that is different from your usual address or to deliver the information to you in another way.

## **Our Responsibilities:**

- Under the law, we must keep your health information private except in situations like the ones listed in this notice.
- We must give you this notice that explains our legal duties about privacy.
- We must follow what we have told you in this notice.
- We will only use or share the minimum amount of your health information necessary to perform our duties.

## **Questions and Complaints:**

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 right, 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 uses or disclosure of your health information, you may complain to us using the contact information listed at the end of the Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services Office. 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.

### Contact Information:

Contact Officer: James B. Polley, DDS

Address: 1875 Village Center Circle, #110, Las Vegas, NV 89134

Telephone: (702) 873-0324 Fax: (702) 873-6368

Email: [polleydds@gmail.com](mailto:polleydds@gmail.com)

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*We have the right to change this notice and the way your health information is protected at any time, provided such changes are permitted by applicable law. If this happens, we will change the Notice and make the new Notice available upon request.*