



Clark College
Dental Hygiene Department

Notice of Privacy Practices and Protected Health Information (PHI)

The Clark College Department of Dental Hygiene is honored that you have entrusted us with your dental hygiene care, and we are committed to safeguarding the privacy of health care information we maintain in our records. Establishing and adhering to an effective privacy policy is an important part of that dedication.

This Notice details our commitment to protect your privacy, including how medical and dental information about you may be used and disclosed, and how you can instruct us to limit this information. Please review it carefully. The Clark College Dental Hygiene Clinic respects your privacy.

Our privacy policy applies to **all** patients with whom we have a relationship and is also extended to each of our former patients.

Examples of Use and Disclosures of Personal Health Information (PHI)

For treatment.

- Information obtained by dental hygiene faculty, students, dentists, or other members of the dental team will be recorded in your medical/dental electronic record and used to help decide what care may be most appropriate for you.
- The Clark College Dental Hygiene Clinic may also provide information to others providing your care. This will help them stay informed about your care.

For payment.

- The Clark College Dental Hygiene Clinic does not accept debit/credit cards or submit insurance claims.
- Patients will be asked to pay for treatment on the date of service.

For health care operations.

- All records and materials concerning your care become the property of the Clark College Dental Hygiene Clinic and will be used for educational purposes only. Educational purposes may include case presentations and educational seminars.
- We may use your dental record to assess quality in order to improve services we provide.
- We will use and disclose dental records to review the performance of our dental hygiene students, other care providers, and to train our faculty and staff.
- We may contact you to remind you about appointments.
- Because of the open environment in this clinic, part or all of your treatment may be heard or observed by others.
- We may use and disclose your information to conduct or arrange for services, including:
 - ✓ Accounting, legal, and risk management services.
 - ✓ Audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights.

The dental and billing records we create and store are the property of the Clark College Dental Hygiene Clinic. The personal health record in it, however, belongs to you. **You have a right to:**

- Receive, read, and ask questions about this Notice.
- Request and receive a paper or electronic copy of the most current Notice of Privacy Practices and Protected Health Information from this clinic.
- Cancel prior authorizations to use or disclose PHI by giving the Clark College Dental Hygiene Clinic a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken beforehand.

You may submit a written request that is signed and dated to:

- Request that you be allowed to see and get a copy of your PHI.
- Ask us to restrict certain uses and disclosures. **We are not required to grant the request, but we will comply with any request granted.**
- Request an amendment to your medical and dental records.
- Request a list of disclosures of your PHI. **You may receive this information without charge once every 12 months.**
- Request that your PHI be given to you by another means or at another location.
- Request protocols for filing and responding to a complaint.

Our Responsibilities.

We are required to:

- Keep your PHI private.
- Offer you this Notice.
- Provide this Notice to you, if requested.
- Follow the terms of this Notice.

We have the right to change our practice regarding the PHI we maintain. If we make changes we will update this Notice. For help with these rights during normal business hours and/or to receive a copy of this Notice, you may call the Clark College Dental Hygiene Clinic at 360-992-2158, or visit this clinic at 1933 Fort Vancouver Way, Vancouver, WA 98663.

Your Responsibilities as a Patient in the Clark College Dental Hygiene Clinic.

- If on **one occasion**, you are either late or fail to keep an appointment without giving at least a 24 hour notice, you may no longer be eligible for treatment at the Clark College Dental Hygiene Clinic.
- If your need for fillings matches student requirements, you may or **may not** be called for an appointment. If appointed for fillings, all necessary work may or **may not** be completed at the Clark College Dental Hygiene Clinic. You will be responsible for finding a dentist to complete your needed dental work.
- You must provide a full and complete history of your medical and dental treatments/conditions to receive safe, high quality care. Your doctor or dentist may be contacted for more information **prior to** your treatment.
- Treatment will be refused if your behavior is inappropriate. Examples include, but are not limited to, refusing to follow the clinic rules, aggressive and uncooperative behavior, engaging in harassment of any kind, and inappropriate or profane language. These behaviors will result in ineligibility for treatment at the Clark College Dental Hygiene Clinic.
- Dental hygiene treatment must be paid for at the time of service. There is no mechanism for billing or credit.

Contact Us With Questions.

If you have questions or concerns you may contact the Clark College Department of Dental Hygiene at 360-992-2158.

Complaint and Grievance Policy.

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also file a written complaint with the Director of the Dental Hygiene Program. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services.

Notification of Family and Others.

With your permission, we may release dental information about you to a friend or family member who is involved in your dental care. We may also give information to someone who helps pay for your dental care. We may also disclose PHI about you to assist in disaster relief efforts.

We May Use and Disclose Your Protected Health Information without Your Authorization as Follows.

- **With Medical Researchers.**
 - * If the research has been approved and has policies to protect the privacy of your health information.
- **To the Food and Drug Administration (FDA).**
 - * Relating to problems with supplements and products.
- **To comply with workers' compensation laws.**
 - * If you make a Workers' Compensation claim.
- **For public health and safety purposes as allowed or required by law.**
 - * To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
 - * To public health or legal authorities
 - ✓ To protect public health and safety.
 - ✓ To prevent or control disease, injury, or disability.
- **To report suspected abuse or neglect.**
 - * To public authorities.
- **To correctional institutions.**
 - * If you are in jail or prison, as necessary for your health and the health and safety of others.
- **For law enforcement purposes.**
 - * Such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- **For health and safety oversight activities.**
 - * For example, we may share information with the Department of Health.
- **For disaster relief purposes.**
 - * For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **To the Military Authorities of U.S. and Foreign Military Personnel.**
 - * For example, the law may require us to provide information necessary for a military mission.
- **In the course of judicial/administrative proceedings**
 - * At your request, or as directed by a subpoena or court order.
- **For specialized government functions.**
 - * For example, we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information (PHI).

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization, including but not limited to videos, photographs, intraoral photos, digital or image recordings, or voice recordings.