

## Molly R. Gannon, DDS, PC

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### NOTICE OF PRIVACY PRACTICES

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**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.**

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**OUR LEGAL DUTY:** We are required by federal HIPPA regulations to provide this notice about our privacy practices and your rights concerning your health information. We are also required to obtain your acknowledgement of receipt of our Notice of Privacy Practices.

**USES AND DISCLOSURES OF HEALTH INFORMATION:** We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

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

**Payment:** We may use and disclose your health information to obtain payment for services we provide for you. Payments may be made directly to the dentist or dental clinic.

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

**Fundraising:** Your authorization is required for use or disclosure of personal health information for marketing. You may revoke an authorization in writing at any time.

**AUTHORIZATION:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

**FAMILY AND FRIENDS:** We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that 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, your location, your general condition, or death. If you are present, we will 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 based on a determination using our professional judgment to make reasonable inferences of

your best interest. (For example, allowing persons to pick up filled prescriptions, medical supplies, or x-rays on your behalf).

**REQUIRED BY LAW:** We may use or disclose your health information when we are required to do so by law.

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

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## **PATIENT HEALTH INFORMATION RIGHTS**

**Access:** You have the right to look at or receive copies of your health information by written request. You have a right to an electronic copy of your records when possible.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment and healthcare operations, going back 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these restrictions, except where disclosure is to a health plan for carrying out payment for which you have paid our practice in full.

**Amendment:** You have the right to request that we amend your health information by written request, explaining why the information should be amended. We may deny your request under certain circumstances.

**Right to Notification of a Breach:** You will receive notification of a breach of your unsecured protected health information as required by law.

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## **QUESTIONS AND COMPLAINTS**

If you have questions or concerns about our privacy practices, please contact us by using the contact information provided below.

You may also submit written complaints to the US Department of Health and Human Services.

We support your right to the privacy of your health information.

Contact Officer: Linda Smith

Phone Number: 406/363-1211

Fax: 406/363-1212

Address: 1102 South Second, Hamilton, MT 59840