



Notice of Privacy Practices

Sun Dental Bellevue

Effective Date: This notice is currently in effect.

This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health providers keep your medical and dental information private. At Sun Dental Bellevue, we are committed to safeguarding the privacy and confidentiality of your protected health information (PHI). This Notice of Privacy Practices explains how we use and disclose your PHI and your rights regarding your PHI. We are required by law to maintain the privacy of your health information, provide this notice about our legal duties and privacy practices, and follow the terms of this notice.

Uses and Disclosures of Your Protected Health Information

We may use and disclose your PHI for various purposes, including but not limited to:

1. **Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your dental care and treatment. This includes sharing information with other healthcare providers involved in your care.
2. **Payment:** We may use and disclose your PHI to bill and collect payment for the dental services provided to you. This may include communicating with your insurance company or a third-party payer.
3. **Healthcare Operations:** We may use and disclose your PHI for healthcare operations, such as quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, and conducting training programs.
4. **Marketing/Fundraising:** We will not use or sell your health information for marketing or fundraising without your written consent. You can choose to opt out of receiving such information.
5. **Appointment Reminders:** We may use your health information to send appointment reminders, which can include voicemail messages, text messages, emails, postcards, or letters.
6. **Legal Obligations:** We may use or disclose your health information as required by law.
7. **Research:** We may share your medical information with researchers who have obtained approval from an authorized review board to ensure the privacy of your health data. In such cases, your authorization may not be required.
8. **Public Health:** We may disclose your health information for public health purposes, including disease prevention, reporting adverse reactions to medications or product recalls, notifying individuals exposed to diseases, and complying with legal requirements regarding abuse, neglect, or domestic violence reporting.
9. **Authorization:** We will obtain your written authorization before using or disclosing your PHI for any purpose not covered by this Notice or as required by law.
10. **Breach Notification:** We will inform you if there is any unauthorized acquisition, use, or disclosure of your PHI.

Thank you for selecting our dental healthcare team and taking the time to read this notice.

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Patient Rights

You have the following rights regarding your PHI:

1. **Right to Access:** You have the right to inspect and obtain a copy of your PHI held by us, with some exceptions.
2. **Right to Amend:** You have the right to request amendments to your PHI if you believe it is inaccurate or incomplete.
3. **Right to Request Restrictions:** You may request restrictions on the use or disclosure of your PHI, although we are not obligated to agree to such restrictions.
4. **Right to an Accounting:** You have the right to receive an accounting of certain disclosures we have made of your PHI.
5. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your PHI in a specific manner or location.

Questions and Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Read-Only Document for Patients

This Notice of Privacy Practices is a read-only document intended for your information only. You have the right to access and review this document, but you may not make changes or alterations to it.

Changes to this Notice

We reserve the right to change the terms of this Notice and to make the new Notice effective for all PHI we maintain. We will provide you with a revised Notice upon request.



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