NOTICE OF PRIVACY PRACTICES

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

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

Effective Date: March 10, 2003

Revision Effective: May 1, 2018

If you have any questions or requests regarding the privacy of your medical information, please contact the UNC CH HIPAA Privacy Officer.

Call: (919) 962-5322

Visit: DB 8100, 440 West Franklin Street, Chapel Hill, NC, 27599

Email: privacy@unc.edu

We have a legal duty to protect health information about you.

As required by law, we are providing you with this notice to inform you of our legal duties and privacy practices with respect to your protected health information. We also are providing this notice to let you know of your rights concerning your protected health information.

We will not change our practices retroactively. This notice reflects the policies in effect on the date this notice is provided to you. We reserve the right to change our policies and practices and to make new notices effective for any future disclosed PHI. If we change our practices, we will distribute a new notice to all current and new patients. You may also see the current notice posted on our website.

For more information about our privacy policies and practices, or to file a complaint, please contact: HIPAA Privacy Officer, DB 8100, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, (919) 962-5322.

We may use and disclose PHI about you for the purposes of providing treatment, payment and health care operations as described below:

1. North Carolina state law and Federal law require us to use and disclose PHI about you for the purposes of providing treatment, payment and health care operations as described below.

2. Treatment: We will use or disclose PHI about you for the purpose of providing treatment to you and providing other information that may be necessary for your care and treatment. We may use or disclose PHI about you in written or oral form in record keeping systems or other forms to provide and receive health care services for you. We may communicate with you by telephone, mail or electronically.

3. Payment: We may use or disclose PHI about you to bill and collect payment for the services and products that you have received from us. We may also use or disclose PHI about you to third party payers (e.g., insurance carriers) to obtain payment for services you have received from us. We may request that you sign a statement confirming that you understand your financial responsibilities before treatment begins.

4. Health Care Operations:

a. We may use and disclose PHI about you for activities related to evaluation, education, quality improvement, research and evaluation of the health care we provide to you; or payment for your health care services. This may include communicating with other health care providers to obtain health information about you; or communicating with you about your health care services. If you have provided a cellular telephone number to us, we may use your phone number to contact you about your treatment, payment, or health care operations activities. If you do not want us to do this, please let us know. You have the right to request that we not disclosure this type of PHI about you.

b. These activities are necessary to help us run our facility in an efficient manner. For example, we may use or disclose PHI about you to plan for the delivery of the services, products and procedures that you might receive from us for payment or health care operations purposes. If you have provided a cellular telephone number to us, we may use your phone number to contact you about your treatment, payment or health care operations activities. If you do not want us to do this, please let us know. You have the right to request that we not disclosure this type of PHI about you.

5. Disclosures Required by Law: We may disclose PHI about you if we are required to do so by law. If we believe it is in your best interests, we may disclose PHI about you to your employer or other insurance sponsor and the researcher to whom PHI was disclosed.

6. Acknowledgment of Receipt: If you elect to use this Notice of Privacy Practices, we will provide you with written acknowledgment of receipt of this Notice of Privacy Practices. You may receive a copy of this Notice of Privacy Practices in written or electronic form by to: HIPAA Privacy Officer, DB 8100, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, (919) 962-5322.

7. You may contact us with any questions or concerns you may have about this Notice, the information practices of our facility, or about the use or disclosure of your PHI. We will also let you know of any changes to this Notice before they apply to you. This Notice was last updated on May 1, 2018.

The information practices of our facility are subject to change. Changes to this Notice will apply to all PHI we maintain about you. If we make a change to this Notice, we will distribute such changes to covered entities that were involved in your care, treatment, payment or health care operations activities. If you have any questions about this Notice, please contact the HIPAA Privacy Officer at (919) 962-5322.

9. We may use or disclose PHI about you in the following circumstances if you do not have the opportunity to agree or object:

a. As required by law. We may disclose PHI about you if we are required to do so by law.

b. For treatment, payment and health care operations. We may use or disclose PHI about you for treatment, payment and health care operations as described in this Notice. In certain circumstances, you may need to know if you have diabetes because you may need to take special precautions to avoid complications of diabetes.

We may also disclose PHI to a person that you identify as a family member, personal care provider or any other person about whom you ask us to disclose information. We may also disclose PHI that has been de-identified, which means that it cannot be used to identify you, to an authorized recipient. For example, a de-identified dataset of our patient information may be sold to a research organization that develops new medications. We may disclose de-identified information to researchers, contractors, and other descriptions when our privacy practices are no longer required to be followed because of death or for research purposes. We may disclose de-identified information to organizations with which we have a relationship that is based on a written agreement that satisfies HIPAA privacy requirements.

8. Access to your health information: You have the right to access your PHI.

a. Written request: You may obtain a written copy of your PHI by making a request to: HIPAA Privacy Officer, DB 8100, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, (919) 962-5322.

b. Extra Fees: There may be a fee for the cost of the copies of this information.

9. You have the right to request amendments to your health information.

a. We may not agree to amend certain PHI if disclosure of the information is required by law or for certain other reasons.

b. To request an amendment, you must make your request, in writing, to: HIPAA Privacy Officer, DB 8100, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, (919) 962-5322.

10. To file a complaint: You have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by our facility. All complaints must be submitted in writing to: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. You also can file a complaint with the Secretary of the U.S. Department of Health and Human Services by calling the toll-free number 1-800-368-7200 or TTY 1-800-535-7283.
NOTICE OF NONDISCRIMINATION

The University of North Carolina at Chapel Hill School of Dentistry is committed to providing an inclusive and welcoming environment for all patients. Consistent with this mission and in accordance with applicable Federal laws, the School of Dentistry does not discriminate on the basis of race, color, national origin, age, sex, or disability in its health programs and activities. The School of Dentistry does not exclude people or treat them differently on account of race, color, national origin, age, sex, or disability.

In order to effectively communicate with all patients, School of Dentistry:

PROVIDES FREE AIDS AND SERVICES TO PERSONS WITH DISABILITIES, SUCH AS:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

PROVIDES FREE LANGUAGE SERVICES, SUCH AS:
- Qualified interpreters
- Information written in other languages

HOW TO OBTAIN FREE SERVICES

If you need assistance in obtaining these free services, please contact the Director of Risk Management (see contact information below). If you believe that the UNC-CH School of Dentistry has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, sex, or disability, you can file a grievance with the Director of Risk Management:

CALL: 919-537-3588
VISIT: 385 South Columbia Street, Suite 452, Chapel Hill, NC 27599
EMAIL: sod-compliance@unc.edu

HOW TO FILE A GRIEVANCE

You can file a grievance in person or by mail, fax, or email. If you need help filling a grievance, the Director of Risk Management is available.


WE PROMISE TO:

Serve all patients
Provided free aids/services to all persons covered under this Notice
Not deny health services based on:
- Race
- Color
- National origin
- Age
- Sex
- Disability

OTHER INFORMATION

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