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: March 10, 2003
Revision Effective: February 8, 2018

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

Call: (919) 962-2232
Visit: 81150, 440 West Franklin Street, Chapel Hill, NC, 27599
Email: privacy@unc.edu

We need to use and disclose Medical Information about you to provide, obtain payment for, and manage your health care. We may use or disclose Medical Information about you for the purposes described below.

1. North Carolina state law and Federal regulations give you privacy rights concerning the Medical Information that we create or receive about you. For example, these laws give you rights to get copies of the Medical Information we have about you, or to ask us to correct the Medical Information we have about you. To make a request for copies of the Medical Information we have about you, please contact the Secretary of the Department of Health and Human Services at (919) 537-3515.

2. With your authorization, we may use and disclose Medical Information about you for purposes other than treatment, payment, or health care operations as you direct.

3. We may disclose Medical Information about you to a health plan for purposes of determining eligibility or coverage under your plan or policy and for approval of payment of a claim under your plan or policy.

4. We may disclose Medical Information about you to a public or private agency (for example, American Red Cross) for disaster relief purposes. Even if you object, we may still make the disclosure to disaster relief organizations.

5. If we believe it is in your best interests, we may disclose Medical Information about you, including your name, address, age, and disease, to the Department of Social Services. We will disclose only what is necessary to carry out the purpose.

6. You have the right to request an amendment of any Medical Information about you that you believe is inaccurate or incomplete. If you request an amendment, we will consider your request and inform you of our decision in writing.

7. You have the right to receive notice in the event of a breach of the Security of your Medical Information.

8. You have the right to a copy of this Notice.

9. You have the right to request restrictions on disclosure of Medical Information about you.

10. We are required to follow the procedures in this Notice. If we change the practices described in this Notice, we will make the changes effective for all of the Medical Information about you that we maintain at the time of the change. Notice of changes in our practices will be made available to you through UCH Health Information, UCH Privacy Officers, and UCH Division staff.

11. You can file a complaint with the Secretary of the Department of Health and Human Services or with our Privacy Officer if you believe your rights have been violated by us.

If you have any questions or comments about this Notice, please contact the Privacy Officer at 919-537-3515.
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

If you need assistance in obtaining these free services, please contact the ACA §1557 Coordinator (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 ACA §1557 Coordinator:

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

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


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