

# RICHARDSON ~ OVERSTREET, LTD.

4909 GROVE AVENUE  
RICHMOND, VIRGINIA 23226  
TELEPHONE (804) 355-6593  
FAX (804) 358-6394

1230 ALVERSER DRIVE, SUITE 106  
MIDLOTHIAN, VIRGINIA 23113  
TELEPHONE (804) 794-7094  
FAX (804) 794-9858

*EXCELLENCE IN PERIODONTICS*

## PATIENT RIGHTS

### **THIS NEW LAW IS CAREFUL TO DESCRIBE THAT YOU HAVE THE FOLLOWING RIGHTS RELATED TO YOUR HEALTH INFORMATION**

**Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

**Confidential Communications:** You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

**Inspect and Copy Your Health Information:** You have the right to read, review and copy your health information, including your complete chart, x-rays and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

**Amend Your Health Information:** You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. Your request must be in writing and must explain why the information should be amended. Your request may be denied if our office did not create the health information record in question, is not part of our records or if the records containing your health information are determined to be accurate and complete.

**Documentation of Health Information:** You have the right to ask us for a description of how and where your health information was used by our office for any reason other than treatment, payment or health operations for the last 6 years but not before April 14, 2003. Please let us know in writing the time period for which you are interested. We may need to charge you a reasonable fee for your request.

**Request a Paper Copy of this Notice:** You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of Our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices, we will be sure all of our patients receive a copy of the revised Notice.

**Questions and Complaints:** You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know in writing of your concerns or complaints.

CHRIS R. RICHARDSON, DMD, MS  
Diplomate, American Board  
of Periodontology

THOMAS F. GLAZIER, DDS, MSD  
Diplomate, American Board  
Board of Periodontology

BEN T. OVERSTREET, DDS, MS  
Diplomate, American Board  
of Periodontology

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE READ THIS CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

### ***HOW YOUR HEALTH INFORMATION MAY BE USED.***

**Treatment:** We will use your health information within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienists, dental assistants, dentists and business office staff. In addition, we may share your health information with physicians, referring dentists, dental laboratories, pharmacies or other health care personnel providing your treatment.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your health information.

**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.

**Appointment Reminders:** Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to contact us to make an appointment. These reminders may include postcards, letters, telephone reminders or electronic reminders, such as e-mail (unless you tell us that you do not want to receive these reminders).

**Abuse or Neglect:** We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

**Family, Friends and Caregivers:** We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

**Public Health and National Security:** We may be required to disclose to Federal Officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

**For Law Enforcement:** As permitted or required by State or Federal Law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke your authorization in writing at any time. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.