**Kellogg Community College Dental Hygiene- Privacy Policy**

**Health Insurance Portability and Accountability Act (HIPAA)**

The Health Insurance Portability and Accountability Act was signed into law in 1996. It was enacted to protect a patient’s health information relative to who has access to that information and how that information is used. It gives patients the right to be aware of how health care professionals will use and disclose their health information. The three main purposes of HIPAA are to:

1. Protect and enhance the rights of consumers by providing them access to their health information and controlling the inappropriate use or disclosure of that information;  
 2. Improve the quality of health care in the U.S. by restoring trust in the healthcare system among consumers, healthcare professionals, and the multitude of organizations and individuals committed to the delivery of care;  
 3. Improve the efficiency and effectiveness of healthcare delivery by creating a national framework for health privacy protection that builds on efforts by states, health systems and individual organizations and individuals.

The Department of Dental Hygiene Education at Kellogg Community College is in compliance with the Health Insurance Portability and Accountability Act. All patients are given information about their rights and responsibilities as KCC dental hygiene patients at their first appointment and are asked to sign an acknowledgement of this information. A complete written HIPAA policy is available to patients stating that they have rights protecting their own health information.

**What the Patient Receives**

The following **paper** form is available to all patients. Patients may request this from the Patient Coordinator before the patient signs that they understand their privacy rights.

***Dental Hygiene Program – Notice of Privacy Practices***

***Your Information. Your Rights. Our Responsibilities.***

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.**

***Your Rights***

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record**

* You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
* We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record**

* You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
* We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

* You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
* We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

* You can ask us not to use or share certain health information for treatment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

**Get a list of those with whom we’ve shared information**

* You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
* We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

* If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
* We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

* You can complain if you feel we have violated your rights by contacting us using the information at the end of this document.
* You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
* We will not retaliate against you for filing a complaint.

***Your Choices***

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

* Share information with your family, close friends, or others involved in your care
* Share information in a disaster relief situation
* Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we **never** share your information unless you give us written permission:

* Marketing purposes
* Sale of your information
* Most sharing of psychotherapy notes

In the case of fundraising:

* We may contact you for fundraising efforts, but you can tell us not to contact you again.

***Our Uses and Disclosures***

***How do we typically use or share your health information?***

We typically use or share your health information in the following ways.

***Treat You***

We can use your health information and share it with other professionals who are treating you.

*Example: A dental hygiene student or dental hygienist treating you consults with the supervising dentist regarding your overall health condition.*

***Run our Organization***

We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

***Receive payment***

We may use and disclose health information about you to obtain payment for the treatment and services you receive from us or from the doctors and other health care professionals that treat you at the hospital.  *Example: we may send billing information to your insurance company or Medicare*

***How else can we use or share your health information?***

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)**.**

***Help with public health and safety issues***

We can share health information about you for certain situations such as:

* Preventing disease
* Helping with product recalls
* Reporting adverse reactions to medications
* Reporting suspected abuse, neglect, or domestic violence
* Preventing or reducing a serious threat to anyone’s health or safety

***Do research***

We can use or share your information for health research so long as provisions are made for the protection of your health information.

***Comply with the law***

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

***Respond to organ and tissue donation requests***

We can share health information about you with organ procurement organizations.

***Work with a medical examiner or funeral director***

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

***Address workers’ compensation, law enforcement, and other government requests***

We can use or share health information about you:

* For workers’ compensation claims
* For certain special law enforcement purposes or with a law enforcement official
* With health oversight agencies for activities authorized by law
* For special government functions such as military, national security, and presidential protective services

***Our Responsibilities***

* We are required by law to maintain the privacy and security of your protected health information.
* We will promptly tell you if a breach occurs that may have compromised the privacy or security of your information.
* We must follow the duties and privacy practices described in this notice and give you a copy of it.
* Unless you tell us in writing, we will not use or share your information other than as described in this Notice. If you tell us we can and you change your mind at any time, you must let us know in writing before that change is effective.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**.**

***Changes to the Terms of this Notice***

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be posted in our clinic and available on request.

***Other Instructions for Notice***

* Effective Date of this Notice: 6/1/2022
* KCC Dental Hygiene Clinic HIPAA Compliance Officer: Dental Hygiene Program Director, (269)565-2008

**Application and Consent for Dental Hygiene Care**

As part of collecting and updating the patient’s personal history, each patient will read this document on the computer screen while seated in the dental chair. S/he will be asked to sign electronically, that s/he has read and understands the information provided in the application and consent for dental hygiene care and that s/he has been offered a copy of this application and the Clinic’s Notice of Privacy Practices, and further that s/he accepts and consents to dental hygiene care according to the terms and conditions in the application. (Refer to the questionnaire section in the Dentrix software)