

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 REVIEW THIS CAREFULLY.

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must follow the privacy practices as described below. This notice will take effect on January 1, 2009 and remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices, and the new terms or our Notice effective for all health information maintained, created and/or received by us before the date changes were made.

You may request a copy of our Privacy Notice at any time by contacting our office.

Typical Uses and Disclosures of Health Information:

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established "minimum necessary or need to know" standards that limit various staff members access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated, we will use our professional judgment to disclose any that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.

Required by Law: We may disclose your health information when we are required to do so by law (Court or administrative orders, subpoenas, discovery requests or other lawful process). We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim or other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counter-intelligence or other national security activities, we may disclose it to authorized Federal officials.

Appointment Reminders: We may use or disclose your health information to third party vendors who sign a Business Associate Agreement (HIPAA) in order to provide you with appointment reminders, including, but not limited to, text and/or voicemail messages, postcards or letters.

*HIPPA Notice of Privacy Practices
This form does not constitute legal advice and covers only Federal, not State law*

Your Privacy Rights as our Patient:

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). There will be some limited exception. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our office for a copy of the Request Form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, and appointment can be made to review your records. Copies, if requested, will be \$0.50 for each page and the staff time charged will be \$10.00/hour including the time required to locate and copy your health information. If you want the copies mailed to you, postage will also be charged. If you prefer a summary or an explanation of your health information, we will provide it for a fee. Please contact our office for a fee and/or for an explanation of our fee structure.

Amendment: You have the right to amend your healthcare information if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Non-Routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. (NOTE: When we make a routine disclosure of your information to a professional for treatment and/or payment purposes, we do not keep a record of such disclosures: therefore these are not available.) You have the right to a list of instances in which we, or our business associates, disclosed information for reasons other than treatment, payment or healthcare operations. You can request non-routine disclosures going back 6 years from the current date but only back to April 14, 2003. Information prior to that date would not have to be released.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement (Except in emergencies). Please contact our office if you want to further restrict access to your health care information. This request must be submitted in writing.

Questions and Complaints:

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us. *In writing, please.* Request a Complaint Form from our office. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U. S. Dept. of Human Services.

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Insurance and Payment Policies

Insurance Policy Holders:

If your dental care is limited to only what your insurance will pay for, we strongly recommend that you keep records of your insurance limitations as they are issued by your insurance carrier to our office. Though we generally do so, we are not responsible for negotiating for release of your insurance payment distribution or keeping record of your annual insurance expenditures. We do accept insurance as partial payment, and we file for payment as a courtesy to our patients.

Your policy is a contract between you, your employer and your insurance company. We are not part of that contract. Insurance does not cover all dental services and no payments from insurance carriers are guaranteed. Insurance coverage for dental treatment is based on a table of allowances or the usual customary allowable for that particular company without consideration of our fees. Therefore, your out-of-pocket obligation is based on estimations only. You must follow up with your insurance company to ensure that your claims are being processed and paid within a reasonable time frame. Our agreement for payment of services provided is with you, not your insurance company. Therefore, if insurance has not paid your benefit to our office within thirty (30) days from the date of treatment, it is your obligation to pay Dr. Stephenson for services rendered.

In-Network Insurance Policy Holders:

Dr. Stephenson is contracted with some insurance companies as a Preferred Provider. Charges are based on the PDP fee schedule. Plan limitations and frequencies are based on your employer's contract with the insurance company and/or with the contract you signed with the insurance company, which determines covered benefits. As with all insurance policies, there are limitations of coverage so there may be services that YOUR insurance does not cover. Services not covered by YOUR insurance are billed at the standard office rate.

We will be an advocate and help you understand any limitations that might affect your dental treatment, but it is recommended that you call YOUR insurance to review your plan's provisions, limitations, and stipulations related to the treatment recommended by Dr. Stephenson.

Over-the-Counter Payments (no insurance): (Interested in Saving 20%?)

ASK about our affordable **Colonnade Dental Annual Membership Plan.****
\$249.00 per person - AND 20% savings on much needed dental treatment.

Over-the-counter payment is due in full at the time of treatment. In addition because we care about our patients oral health and well being. We have several options to choose from to ensure your needed much needed dental treatment needs are met.

****Exceptions apply: Implants, orthodontics, Veneers, & Whitening are not discounted.****

For your convenience we accept cash, money orders, personal checks, and all major credit credit cards: (Visa/ Mastercard /Discover/ American Express).

ASK about our **Interest Free** monthly payments plan options: (Third Party Financing)*

Lending Club and **Care Credit** both offer 6 and 12 month interest free payment plans, which allows you to spread your payments out over time with **NO INTEREST!**

Requires a credit application

YOUR SMILE is important to US!

There is a **\$35 fee** for returned checks.