



PETER B. PRYOR Jr.
DMD

PRIVACY NOTICE

OUR LEGAL DUTY

Peter B. Pryor Jr. DMD, PLLC (hereinafter referred to as "We" or "The Practice") is required by applicable federal and state law to mention the privacy of your information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices described in this Notice while it is in effect. This notice takes effect 4/4/25, and will remain in effect until we replace it. We reserve the right to change our policy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. In the event we make a material change in our privacy practices, we will change this Notice and provide it to you at your next visit. You may request a copy of this Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us: Peter B. Pryor Jr. DMD, PLLC, 3455 Healy Dr., Winston-Salem, NC 27103, 336-7655-7477, or drpryor@pryordentalofwinstonsalem.com

WHO WILL FOLLOW THIS NOTICE

This Notice describes the privacy practices of Peter B. Pryor Jr. DMD, PLLC, including: 1) any dental care professional authorized to enter information into your dental record 2) Any temporary employee employed by Peter B. Pryor Jr. DMD, PLLC 3) All employees, staff, dentists, and other Peter B. Pryor Jr. DMD, PLLC personnel

OUR PLEDGE REGARDING YOUR DENTAL/MEDICAL INFORMATION

We understand that dental/medical information about and your health is personal. We are committed to protecting medical/dental information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care and billing for that care are generated and maintained by Peter B. Pryor Jr. DMD, PLLC, whether made by Peter B. Pryor Jr. DMD, PLLC personnel or other healthcare providers not associated with this facility. Those healthcare providers not associated with Peter B. Pryor Jr. DMD, PLLC that created any records we maintain may have different policies or notices regarding confidentiality and the use and disclosure of your dental/medical information created in their offices or locations other than the Practice. A notice of their privacy practices may be obtained directly from them.

This Notice will tell you about the ways in which we may use and disclose dental/medical information about you. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of dental/medical information. We are required by law to: 1) Make sure that dental/medical information that identifies you is kept private 2) Give you this Notice of our legal duties and privacy practices, and your legal rights, with respect to dental/medical information about you 3) Follow the terms of the Notice that is currently in effect.

HOW WE USE AND DISCLOSE DENTAL/MEDICAL INFORMATION ABOUT YOU

We use and disclose health information about you for treatment, payment and healthcare operations. All of the ways we are permitted to use and disclose information will fall within one of the categories below:

Treatment: We may use or disclose your dental/medical information to a dentist or other healthcare provider

providing treatment to you for: a) the provision, coordinated management of health care and related services by health care providers; b) consultation between health care providers relating to a patient; or c) the referral of a patient for health care from one health care provider to another.

Payment: We may use and disclose medical/health information about you so that treatment and services you receive at the Practice may be billed to and payment may be collected: this may include: a) billing and collection activities and related data processing; b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication of subrogation of health benefit claims; c) medical necessity and appropriateness of care reviews, utilization review activities; and d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

Healthcare operations: We may use and disclose your health information in connection with our Practice operations. Healthcare operations may also include disclosures to ensure that our patients receive quality dental care; 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.

Business Associates: We may disclose dental/medical information to “business associates” who provide business services on behalf of the Practice. Business Associates are individuals or entities that create, receive, transmit, maintain, use or disclose Protected Health Information (PHI) on behalf of the Practice. All Practice employees will report to the Practice Privacy Office any incidents or problems with the security of inappropriate use of PHI involving a business associate.

Appointment Reminders: The Practice may use and disclose dental/medical information to contact you as a reminder that you have an appointment for treatment of dental care at the Practice. We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Treatment Alternatives: The Practice may use and disclose dental/medical information to tell you about or recommend possible treatment options or alternatives.

Benefits and Services: The Practice may use and disclose dental/medical information to tell you about dental-related benefits or services.

Your authorization: In addition to use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your dental/medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Marketing Health Products or Services: The Practice will **not** use your health information for marketing communications without your prior written authorization. We may provide you with information regarding products or services that we offer related to your health care needs. We will never sell your health information without your prior authorization.

Persons Involved in Care or Payment For Your Care: The Practice must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so or, if you are not able to agree, if it is necessary in our professional judgement.

Required By Law: The practice will disclose dental/medical information about you when required to do so by federal, state or local law.

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

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

Research and Related Activities: We will **not** use your identifiable health related information in any research activity without informing you and obtaining a written prior release for use of such information.

Decedents: Dental/Medical information of individuals who have been deceased for more than 50 years is no longer subject to HIPAA requirements. Dental/medical information of decedents may also be released to family/friends that were involved in the decedents care under certain circumstances.

YOUR RIGHTS REGARDING YOUR DENTAL/MEDICAL INFORMATION

Access: You have the right to review or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot predictably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access notifying our office. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending a letter to the practice. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact our practice for questions about this.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes (other than treatment, payment, healthcare operations) where you have provided an authorization and certain other activities, for the last 6 years. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency situation). Restriction on release of records: HIPAA affords patient the right to request a restriction to limitation on the dental/.medical information the practice can disclose about him/her for treatment, payment or healthcare operations. The practice is not required to agree with the request except in this condition: **Self Pay Restriction: Patients who pay in full for their treatment at the time of service can request that such treatment information NOT be released to their insurer. We are required to agree with this request.**

Alternative Communication: You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handed under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Breach of PHI Information: The Practice is required by law to report **all breaches** of unsecured PHI to both the patient(s) and to the department of Health and Human Services. This means that all Practice personnel are required to report all instances where there has been a circumstance of misuse or unauthorized disclosure of dental/medical information.

ADDITIONAL RIGHTS UNDER NORTH CAROLINA LAW

HIV, AIDS, Mental Health, Drug or Alcohol Abuse

There are additional state law confidentiality protections relating to communicable disease (such as HIV and AIDS), and relating to treatment for mental health and drug or alcohol abuse. NC law generally requires that we obtain your written consent before we may disclose health information related to your mental health, developmental disabilities, or substance abuse services. There are some exceptions to this requirement. The Practice can disclose this health information to members of our workforce, our professional advisors, and to agencies or individuals that oversee our operations or that help us carry out our responsibilities in serving you. We will release information about you if the law requires us to do so, when we suspect abuse or neglect of a child or disabled adult, and when one of our dentists believes that a client has a communicable disease or is infected with HIV and is not following safety measures.

Crime: If you commit a crime, or threaten to commit a crime on our property or against our workers, we may report this to the police.

CHANGES TO THIS NOTICE

The Practice reserves the right to change this Notice. We reserve the right to the revised or changed Notice effective for medical/dental information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice. The Notice will contain the effective date. In addition, a copy of the current Notice will be available at your request during any patient visit to the Practice.

HOW TO FILE A COMPLAINT

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means, or at alternative locations, you may submit a written complaint to our office. You also may submit a written complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

PRIVACY OFFICE INFORMATION

Attn: Dr. Peter B. Pryor Jr. DMD
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Winston-Salem, NC 27103
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