

## 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	<ul style="list-style-type: none"> <li>You have the right to see, inspect and copy of your medical record that Traveling Tooth Fairies - SSANH maintains about you.</li> <li>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.</li> </ul>
Ask us to correct your medical record	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> <li>You can ask Traveling Tooth Fairies - SSANH to amend your health information. See instructions below. If Traveling Tooth Fairies - SSANH denies your written request, they are required to tell you why.</li> </ul>
Request confidential communications	<ul style="list-style-type: none"> <li>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.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
Ask us to limit what we use or share	<ul style="list-style-type: none"> <li>You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations. <ul style="list-style-type: none"> <li>» We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul> </li> <li>If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. <ul style="list-style-type: none"> <li>» We will say “yes” unless a law requires us to share that information.</li> </ul> </li> </ul>
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
Get a copy of this privacy notice	<ul style="list-style-type: none"> <li>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.</li> </ul>
Choose someone to act for you	<ul style="list-style-type: none"> <li>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.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> <li>Traveling Tooth Fairies - SSANH will notify you if a breach of your Protected Health Information occurs</li> </ul>
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights of privacy by contacting us using the information on page 2.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

## 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:	<ul style="list-style-type: none"> <li>Share information with your family, close friends, or others involved in your care</li> <li>Share information in a disaster relief situation</li> <li>Include your information in a hospital directory</li> <li>Contact you for fundraising efforts</li> </ul> <p><i>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.</i></p>
In these cases we never share your information unless you give us written permission:	<ul style="list-style-type: none"> <li>Marketing purposes</li> <li>Sale of your information</li> <li>Most sharing of psychotherapy notes</li> </ul>
In the case of fundraising	<ul style="list-style-type: none"> <li>We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>

## 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	<ul style="list-style-type: none"> <li>We may use or disclose your health information to provide, coordinate, or manage your health care treatment between health care providers.</li> </ul>	<b>Example:</b> A doctor treating you for an injury asks another doctor about your overall health condition.
Run our organization	<ul style="list-style-type: none"> <li>We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> </ul>	<b>Example:</b> Traveling Tooth Fairies may use your health information to conduct quality assessment and improvement activities, fraud and abuse detection programs, and business planning and development.
Bill for your services	<ul style="list-style-type: none"> <li>We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<b>Example:</b> We give information about you to your health insurance plan so it will pay for your services.

**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 have to 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	<ul style="list-style-type: none"> <li>We can share health information about you for certain situations such as:               <ul style="list-style-type: none"> <li>» Preventing disease</li> <li>» Helping with product recalls</li> <li>» Reporting adverse reactions to medications</li> <li>» Reporting suspected abuse, neglect, or domestic violence</li> <li>» Preventing or reducing a serious threat to you or anyone’s health or safety</li> </ul> </li> </ul>
For evaluation	<ul style="list-style-type: none"> <li>We can use or share your information for program evaluation only.</li> </ul>
Comply with the law	<ul style="list-style-type: none"> <li>We will share information about you if state or federal laws require it, including including, but are not limited to, disclosing your health information to comply with a court order, an administrative order, subpoena, discovery request or other lawful process, to provide information related to victims of abuse or neglect, or to make a report to a law enforcement official for a law enforcement purpose.</li> </ul>
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> <li>Traveling Tooth Fairies may share health information about you in response to oversight activities as authorized by law, including audits, civil, administrative, or criminal investigations, or other activities necessary for appropriate oversight.</li> </ul>

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly 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.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- 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 available upon request, in our office, and on our web site.

**Only de-identified data will be shared for the purpose of program elevation only.**

## QUESTIONS?

**You may also write to the federal government by contacting the Office for Civil Rights at the John F. Kennedy Building, Room 1875, Boston, MA 02203 or [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov) or Contact Traveling Tooth Fairies at [Myra@travelingtoothfairies.org](mailto:Myra@travelingtoothfairies.org) or [Mary@travelingtoothfairies.org](mailto:Mary@travelingtoothfairies.org)**

