**University of Pittsburgh School of Dental Medicine and University Dental Health Services**

**Notice of Privacy Practices**

**Effective 9/23/2013**

**Summary**

At the University of Pittsburgh School of Dental Medicine (SDM/UDHS) and at the University Dental Health Services (UDHS), we are committed to protecting the privacy of your medical information, as federal and state law require. When we say “information,” we mean health, treatment, or payment information that identifies you. Attached is the SDM/UDHS’s “Notice of Privacy Practices.” The Notice explains how we meet this commitment. The Notice also explains your legal rights about what is in your health record. All people and places that make up the SDM/UDHS must follow the Notice. This summary tells you in brief what the Notice says. THIS SUMMARY IS NOT A COMPLETE LISTING OF HOW WE USE AND DISCLOSE (SHARE) YOUR HEALTH INFORMATION. SDM/UDHS has the right to change this Summary and the Notice without first notifying you.

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| How SDM/UDHS may use and share your health information –  Without your consent, SDM/UDHS can use and share your health information to:   * Provide you with dental treatment and other services. * Contact you to provide appointment reminders or information about treatment alternatives or other health- related benefits or services. * Receive payment from you, an insurance company, or someone else for services we provide to you. * Operate SDM/UDHS, which includes such things as giving you other treatment options, and contacting you for certain marketing and fundraising activities. * Comply with the law. * Meet special situations as described in the Notice, such as public health, safety and research. | Your legal rights about your health information offer you the –   * **Right** to ask to see and copy your dental record. * **Right** to ask that incorrect or incomplete information in your dental record be corrected. * **Right** to ask for a list of non-SDM/UDHS parties with whom we have shared your health information. This right does not include health information we shared (1) if we had your written permission to share the information, and (2) to carry out treatment, payment and health care operations. * **Righ**t to ask SDM/UDHS to limit how we use and share your health information without your consent. SDM/UDHS is not required to agree to your request. * **Right** to restrict certain disclosures of your protected health information to a health plan where you may pay out of pocket in full for the service provided. |
| **Exception:** This does not include behavioral health, drug and alcohol, and AIDS/HIV information.  With your verbal agreement the SDM/UDHS can:   * Share your health information with the family and friends you agree can have this information.   All other uses and sharing of your health information will be done only with specific written permission or as required by law. | * **Right** to ask for confidential communications. * **Right** to ask for a paper copy of the Notice of Privacy Practices.   **Violation of privacy rights:**  **If you believe your privacy rights have been violated, you have the right to file a complaint. Please see the attached Notice for more details.**    University of Pittsburgh |