

Effective date of notice: 02/13/18
NOTICE OF PRIVACY PRACTICES

Michael A. Blamires DDS, Inc
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This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

*This Notice is effective as of February 13, 2017.

OUR COMMITTEMENT REGARDING YOUR PERSONAL HEALTH INFORMATION:

Canyon Ridge Dental is committed to maintaining and protecting the confidentiality of our employees' personal information. This Notice of Privacy Practices applies to Canyon Ridge Dental dental plans collectively, the Plans. The Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal items. We are required to provide you with this Notice about our policies, safeguards, and practices. When the Plans use or disclose your PHI, the Plans are bound by the terms of this Notice, or the revised Notice, if applicable.

OUR OBLIGATION:

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

- *For Treatment*
- *For Payment*
- *For Health Care Operations*
- *Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services*
- *Individuals Involved in Your Care or Payment for Your Care*
- *Research*

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

You have the following rights regarding Health Information we have about you:

- *Right to Inspect and Copy*
- *Right to an Electronic Copy of Electronic Medical Records*
- *Right to Get Notice of a Breach*
- *Right to Amend*
- *Right to an Accounting Disclosures*
- *Right to Request Restrictions*
- *Out-of-Pocket Payments*
- *Right to Request Confidential Communications*
- *Right to a Paper Copy of This Notice*

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Michael Blamires, DDS at blamiresdental@gmail.com. All complaints must be made in writing. You will not be penalized for filing a complaint.

The Plans may change the terms of this Notice at any time. If the Plans change this Notice, the Plans may make the new Notice terms effective for your entire PHI that the Plans maintain, including any information the Plans created or received before we issued the new Notice. If the Plans change this Notice, the Plans will make it available to you.

FOR MORE INFORMATION:

If you would like more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.