



**Avalon Dental**  
**James D. Grant DMD**  
**672 E Wythe Creek Court, Suite 101**  
**Kuna, ID 83634**  
**(208) 629-2800**

## **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 it carefully. The privacy of your health information is important to us.

### **Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, and our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect.

We reserve the right to change our privacy 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 that we created or received before we made the changes. Before we make significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the top of this notice.

### **Uses and Disclosures of Health Information**

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your healthcare information to a physician or other healthcare facility providing treatment to you.

**Payment:** We may use and disclose your healthcare information to obtain payment for services.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement,

reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conductive training programs, accreditation, certification, licensing, or credentialing activities.

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

**To Your Family and Friends:** We must disclose your healthcare information to you, as described in the patient's rights section of this notice. We may disclose your healthcare information to a family member, friend, or other person to the extent necessary to heal with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care:** We may use and disclose your health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your healthcare information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement, disclosing only health information that is directly relevant to the person involved in your healthcare. We will also use your professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of health information.

**Marketing Health Related Services:** We will not use or disclose your healthcare information for marketing communications without your written authorization.

**Required By Law:** We may use or disclose your healthcare information when we are required by applicable law.

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

In signing The Acknowledgement of Receipt of Notice of Privacy Practices you are agreeing to the disclosures in this notice.