



## Advanced Dental Therapy Clinic

### Notice of Privacy Practices

#### Your Information. Your Rights. Our Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information

### Your Rights

As a patient you have certain rights to your health information. This section will explain some of your rights and our responsibility to help you.

Request a paper or electronic copy of your medical records	You may request a copy of your health information. Metropolitan State University will make its best effort to fulfill this request in a timely manner. Records sent electronically will use secure webservice.
Ask us to correct your medical records	You can ask to correct health information that you think is incorrect or incomplete. We may decline your request but will explain in writing why we are declining.
Request confidential communications	You may ask us to contact you in specific ways (example: Cell phone only, or preferred mailing address). We will comply with all reasonable requests.
Ask us to limit what we share about you	You can ask us <b>not</b> to use or share certain health information for treatment, payment or other operations. We are not required to agree to your request and may decline if it affects your care
Get a list of those with whom we have shared information	You may ask for a list of times we have shared your health information, who we shared it with and why we shared it.
Get a copy of this privacy notice	You may at any time request a copy of this notice. You may request a paper or electronic copy.
Choose someone to act for you	If you have given someone medical power of attorney or have a legal guardian, that person can exercise your rights and make choices about your health information. We will verify this person has the authority to act on your behalf before we take any action.
File a complaint if you feel your rights have been violated	You can complain if you feel we have violated your rights. Complaints can be filed with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a> .

We will not retaliate against you for filing a complaint.

## Our Uses and Disclosures

How we typically use or share your health information.

To Treat you	We can use your health information and share it with other professionals who are treating you.
Run our organization	We use and share your health information to run our practice, improve your care and contact you.
Help with public health and safety issues	We can share health information about you for certain situations such as: * Preventing disease * Helping with product recalls * Reporting adverse reactions to medications * Reporting suspected abuse, neglect or domestic violence * Preventing/reducing a serious threat to health or safety
Do research	In certain circumstances, we can use or share your information for health research.
Comply with the law	We will share information about you if state or federal law require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
Work with a medical examiner or funeral director	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you for workers compensation claims, law enforcement purposes, with health oversight agencies for activities authorized by law and for special government functions such as military, national security and presidential protective services.
Respond to lawsuits and legal actions	We can share information about you in response to court or administrative order, or in response to a subpoena.
Additional Protection of health information	Special laws apply to certain kinds of health information. There are extra protections for health information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will not share this type of information without your written permission.

## Your Choices

For certain health information you can tell us your choices about what we share.

You have the right to tell us to:	Share information with your family, close friends, or others involved in your care.
	Share information in a disaster relief situation.
	If you are not able to tell us your preference, for example if you are unconscious, we may decide to 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.
In these cases, we never share your information unless you give us written permission	Marketing Purposes
	Sale of your information
In the case of fundraising:	We may contact you for fundraising efforts but you can tell us not to contact you again.

## 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 of 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 in this notice unless you give us permission. Unless we have already taken action on your permission, you may take back or revoke your permission at any time by writing to us using the contact information at the end of this notice.

## **Patient Rights**

### **1. Courteous Treatment**

Patients have the right to be treated with courtesy and respect for their individuality by students, staff or persons providing service in a health care facility. Metropolitan State University Dental Clinic does not discriminate against any patient due to race, age, physical limitations, or sexual orientation.

### **2. Appropriate Health Care**

Patients shall have the right to appropriate dental care based on individual needs.

### **3. Information about Treatment**

Patients shall be given complete and current information concerning their diagnosis, treatment, alternatives, risks and prognosis. This information shall be in terms and language the patients can reasonably be expected to understand.

### **4. Participation in Planning Treatment**

Patients shall have the right to participate in the planning of their dental care, which includes the opportunity to discuss treatment and alternatives with individual caregivers.

### **5. Continuity of Care**

Patients shall have the right to continuity of care during a course of treatment to have that course of treatment completed, subject to compliance with policy.

### **6. Right to Refuse Care**

Competent patients shall have the right to refuse treatment based on the information required in Right No. 3 (above). Patients who refuse treatment shall be informed of the likely results of the refusal, with documentation in the individual's dental record.

### **7. Treatment Privacy**

Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion, consultation, examination, and treatment shall be conducted discreetly.

### **8. Right to Change Provider**

Patients have the right to request treatment from another student if they are dissatisfied with their provider. We will not honor a request to be transferred to another provider on the basis of race, religion, gender, age, disability, sexual orientation or ethnic or national origin.

### **9. Confidentiality of Records**

Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available to you and others in accordance with this subdivision and laws and regulations governing access to health records. This right does not apply to complaint investigations and inspections by the department of health, where required by third party payment contracts, or where otherwise provided by law.

## **Patient Responsibilities**

### **1. Accurate Medical History**

You have the responsibility to provide, to the best of your ability, the most accurate, honest and complete information about your medical and dental health history including medications, surgeries, past and present conditions.

### **2. Report Changes**

You have the responsibility to report any and all changes to your health since your last visit to your provider.

### **3. Ask Questions**

You have the responsibility to participate in your health care decisions ask questions about your treatment plans and diagnosis if you do not understand the information or instructions.

### **4. Treatment options**

You have the responsibility to inquire about your treatment options and acknowledge the benefits and limitations of any treatment you choose.

### **5. Refuse treatment**

You have the responsibility for any and all consequences resulting from declining treatment or from not following agreed treatment plan. Metropolitan State University Dental Clinic reserves the right to refuse to continue care for patients who refuse treatment.

### **6. Keep Appointments**

You have the responsibility to make appointments in a timely manner and to be on time to all scheduled appointments. We require 48 hours' notice to cancel or change appointment times.

### **7. Recommendations**

You have the responsibility to follow the recommended instructions including home care, follow up appointments, referrals given to you by your dental therapy student.

### **8. Respectfulness**

You have the responsibility to be respectful to students, staff, faculty and other patients during the course of your treatment. Disruptive or disrespectful behavior will not be tolerated and may lead to your dismissal from the clinic. Unacceptable behaviors include: inappropriate or abusive language, violence or aggression of any form, sexual, racial or religious harassment, behavior that compromises the safety of others.

### **9. Financial**

You have the responsibility to pay for all charges acquired during your treatment.



**Metropolitan State University Advanced Dental Therapy Clinic**



**Contact Information**

Metropolitan State University Dental Clinic

1760 Beam Ave

Maplewood, MN 55109

Phone Number: 651-793-1793

Email address: [Dental.clinic@metrostate.edu](mailto:Dental.clinic@metrostate.edu)

**Effective Date**

The effective date of this notice is December 1, 2019. We may 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, at our facilities, and on our web site.