



Witkowski Dental

DR. LEON J. WITKOWSKI III, D.D.S.

**This information states that we may only use your PROTECTED HEALTH INFORMATION in relation to your treatment in our dental office.**

**Correspondence about your treatment will only be directed to your insurance company and other health care professionals involved in your treatment.**

19665 S. LA GRANGE ROAD, MOKENA, IL 60448

LJWITKOWSKIDENTAL@GMAIL.COM • 708.479.9888 • FAX 708.479.8900



## Witkowski Dental

DR. LEON J. WITKOWSKI III, D.D.S.

### Notice of Privacy Practice

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

#### A. Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at this time.

We realize that these laws are complicated but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment

19665 S. LA GRANGE ROAD, MOKENA, IL 60448

LJWITKOWSKIDENTAL@GMAIL.COM • 708.479.9888 • FAX 708.479.8900



## Witkowski Dental

DR. LEON J. WITKOWSKI III, D.D.S.

to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of this notice at any time.

B. If you have questions about this notice, please contact:

Leon Witkowski III at 708-479-9888  
19665 S. LA Grange Rd, Mokena Ill. 60448

C. We may use and disclose your individually identifiable health information (IIHI) in the following ways

The following categories describe the different ways in which we may use and disclose your IIHI.

1. Treatment: Our practice may use your IIHI to treat you. For example, we may ask you to have lab test and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice-including our doctors and assistants, may use or disclose your IIHI in order to treat you or assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.

2. Payment: Our practice may use and disclose your IIHI in order to Bill or collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay, for your treatment. We also may use and disclose your IIHI to obtain payment from third parties

19665 S. LA GRANGE ROAD, MOKENA, IL 60448

LJWITKOWSKIDENTAL@GMAIL.COM • 708.479.9888 • FAX 708.479.8900



## Witkowski Dental

DR. LEON J. WITKOWSKI III, D.D.S.

that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items.

3. Health Care Operations. Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

4. Appointment Reminders. Our practice may use and disclose your IIHI to contact you and remind you of an appointment.

5. Treatment options. Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. Health-related benefits and services. Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

7. Disclosures required by law. Our practice will use and disclose your IIHI when we are required to do so by federal, state, or local law.

### D. Use and disclosure of your IIHI in certain special circumstances

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public health risks. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
  - a. Maintain vital records
  - b. Reporting child abuse/neglect



## Witkowski Dental

DR. LEON J. WITKOWSKI III, D.D.S.

- c. Preventing or controlling disease, injury or disability
- d. Notifying a person regarding potential exposure to a communicable disease
- e. Notifying a person regarding a potential risk for speaking or contracting a disease or condition
- f. Reporting reactions to drugs or problems with products or devices
- g. Notifying individuals if a product/device used has been recalled
- h. Notifying appropriate government agency and authority regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
- i. Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health oversight activities. Our practice may disclose your IIHI to  
a

health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and similar proceedings. Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain and order protecting the information the party has requested.



## Witkowski Dental

DR. LEON J. WITKOWSKI III, D.D.S.

4. Law enforcement. We may release IHHI if asked to do so by a law enforcement official:
  - a. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
  - b. Concerning a death, we believe has resulted from criminal conduct
  - c. Regarding criminal conduct at our offices
  - d. In response to a warrant, summons, court order, subpoena or similar legal process
  - e. To identify/locate a suspect, material witness, fugitive or missing person
  - f. In an emergency, to report a crime (including the location or victim of the crime, or the description identity or location of the perpetrator)
  
5. Deceased patients. Our practice may release IHHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
  
6. Organ and tissue donation. Our practice may release your IHHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
  
7. Serious threats to health or safety. Our practice may use and disclose your IHHI when necessary to reduce or prevent a serious threat to your health and safety of another individual or the public. Under the circumstances, we will only make a disclosure to a person or organization able to help prevent the threat.



## Witkowski Dental

DR. LEON J. WITKOWSKI III, D.D.S.

8. **Military.** Our practice may disclose your IHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

9. **National security.** Our practice may disclose your IHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

10. **Workers' Compensations.** Our practice may release your IHI for workers' compensation and similar programs.

### E. Your rights regarding your IHI

You have the following rights regarding the IHI that we maintain about you:

1. **Confidential communications.** You have the right to request that our practice communicates with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communications, you must make a written request to Leon Witkowski III at 19665 S. La Grange Rd, Mokena, ILL. , specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. **Requesting restrictions.** You have the right to request a restriction on our use or disclosure of your IHI for treatment, payment or health care options. Additionally, you have the right to request that we restrict our disclosure of your IHI to only certain individuals involved in your care or the payment for your care such as family

19665 S. LA GRANGE ROAD, MOKENA, IL 60448

LJWITKOWSKIDENTAL@GMAIL.COM • 708.479.9888 • FAX 708.479.8900



## Witkowski Dental

DR. LEON J. WITKOWSKI III, D.D.S.

member and friends. We are not required to agree to your request. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IHHI, you must make your request in writing to Leon Witkowski III at 19665 S. La Grange Rd, Mokena.

Your request must describe in a clear and concise fashion:

- The information you wish restricted
- Whether you are requesting to limit our practice's use, disclosure or both
- To whom you want the limits to apply

3. Inspection and copies. You have the right to inspect and obtain a copy of the IHHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Leon Witkowski III at 19665 S. La Grange Rd. in order to inspect and / or obtain a copy of your IHHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and /or copy in certain limited circumstances, however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend our health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Leon Witkowski III at 19665 S. La Grange Rd. You must provide us with a reason that supports your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is our opinion:

19665 S. LA GRANGE ROAD, MOKENA, IL 60448

LJWITKOWSKIDENTAL@GMAIL.COM • 708.479.9888 • FAX 708.479.8900





## Witkowski Dental

DR. LEON J. WITKOWSKI III, D.D.S.

- a. Accurate and complete
- b. Not part of the IIHI kept
- c. Not created by our practice, unless the individual or entity that created the information is not available to amend the information

5. Accounting of disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment or operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with a nurse/assistant; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Leon Witkowski III. All requests for an “accounting disclosures” must state a time period, which may not be longer than 6 years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice please contact us at 708-479-9888.

7. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Dr. Leon Witkowski III.



Witkowski Dental

DR. LEON J. WITKOWSKI III, D.D.S.

8. Right to provide an authorization for other uses and disclosures.

Our practice will obtain your written authorization for uses and disclosures that are identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Leon Witkowski III at 708-479-9888.