

**Appointment Reminders** We may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, postcards or letters.)

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## PATIENT RIGHTS

**Access:** You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If there is a cost to copying your personal health information we may charge you a reasonable, cost-based fee.

**Disclosure Accounting** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. In most cases we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in certain circumstances where disclosure is required or permitted, such as an emergency, for public health concerns, or when disclosure is required by law.) We must comply with a request to restrict the disclosure of protected health information to a health plan for purposes of carrying out payment or health care operations (as defined by HIPAA) if the protected health information pertains solely to a health care item or service for which we have been paid out of pocket in full.

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. (You must request this in writing.) Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Electronic Notice** You may receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically on our website or by e-mail.

**QUESTIONS AND COMPLAINTS:** If you want more information about our privacy practices or have questions, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information you may notify us by using the contact information listed at the end of this Notice. You may also submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

<b>CONTACT:</b>	<b>HIPAA COMPLIANCE COMMITTEE</b>
<b>TELEPHONE:</b>	507-583-2141 Fax: 507-583-7574
<b>E-MAIL:</b>	oa@mainstreetdentalclinics.com
<b>ADDRESS:</b>	405 E. Main Street, Blooming Prairie, MN 55917