

## NOTICE OF PRIVACY PRACTICES

The University of North Carolina at Chapel Hill  
*Adams School of Dentistry*

We are committed to protecting the privacy of your protected health information. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### **This Notice of Our Privacy Practices (this “Notice”) Explains:**

- How we may use and disclose your health information in the course of providing treatment and services to you.
- What rights you have with respect to your health information. These include the right:
  - To inspect and obtain a copy of your health information.
  - To request that we amend health information in our records.
  - To receive an accounting of certain disclosures we have made of your health information.
  - To request that we restrict the use and disclosure of your health information.
  - To request confidential communication about health information.
  - To receive a paper copy of this Notice.
- How to file a complaint if you believe your privacy rights have been violated.

If you have questions about this document, our privacy policies or any other questions regarding the privacy of your health information, please contact:

UNC-CH Privacy Officer Campus Box #1005,  
123 W. Franklin St., Suite 600B Chapel Hill, NC 27599  
(919) 962-6332  
[privacy@unc.edu](mailto:privacy@unc.edu)

**Effective: March 10, 2003**  
**Revision Effective: May 22, 2022**

This Notice describes the practices of the UNC Adams School of Dentistry facilities, clinics, practices, departments and other sites of service; the Dental Faculty Practice (“DFP”); our employees, contractors, trainees, volunteers, and affiliates; members of our dental staffs and their approved personnel members of our dental staff and their approved personnel when providing services to you at an ASOD location; and any member of the ASOD workforce who are authorized to use or access your health information (collectively “Carolina Dentistry”, “us” or “we”).

**Availability of Your Records to Providers Outside of Carolina Dentistry.** Your dental records at Carolina Dentistry are primarily maintained in an electronic medical record system called Epic; however, there may also be legacy systems that house your dental records.

**Community Connect.** Carolina Dentistry is an Epic Community Connect partner of The University of North Carolina Health Care System (“UNC Health”). Community Connect may improve your patient care experience by allowing Carolina Dentistry to access your complete medical history at UNC Health to learn about your allergies and important medical history related to your Carolina Dentistry encounter. Carolina Dentistry is guided by similar privacy and security standards as UNC Health. You cannot request to opt-out of sharing your UNC Health records with Carolina Dentistry.

**Care Everywhere.** Your health information may be available to other healthcare providers from different organizations who also use Epic. For example, if you are in an accident in another state and are taken to an emergency room, that facility may access your record through Epic’s Care Everywhere to learn about your allergies and dental history. If you do not want your electronic medical record to be available to non-

Carolina Dentistry providers in this way, you may request to opt-out in MyChart or contact the Carolina Dentistry Health Information Management Department, and request to “opt out of Care Everywhere.”

### **Our Pledge Regarding Health Information**

We are committed to protecting the privacy of “protected health information” about you, as that term is defined in the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). With certain limited exceptions, protected health information is generally defined as information that identifies an individual or that reasonably can be used to identify an individual, and that relates to the individual’s past, present, or future health or condition, healthcare provided to the individual, or the past, present, or future payment for healthcare provided to the individual. For simplicity, we will refer to protected health information simply as “health information” in this Notice. Carolina Dentistry may share health information with other Carolina Dentistry entities about treatment, payment and health care operations of Carolina Dentistry. Our privacy practices concerning your health information are as follows:

- We will safeguard the privacy of health information that we have created or received as required by law.
- We will explain how, when and why we use and/or disclose your health information.
- We will comply with the provisions of this Notice and only use and/or disclose your health information as described in this Notice.
- We will provide notice of a Carolina Dentistry breach of unsecured health information.

### **Who Will Follow This Notice?**

This Notice applies to the facilities, providers and workforce members of Carolina Dentistry, including:

- Any health care professional authorized to enter health information into your Carolina Dentistry medical record.
- All departments and units of Carolina Dentistry.
- All employees, staff, volunteers and other Carolina Dentistry personnel.
- All clinics, facilities and administrative offices of Carolina Dentistry.

### **How We May Use and Disclose Your Health Information**

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose health information will fall within at least one of the categories.

**For Treatment.** We may use your health information to provide, coordinate or manage your healthcare treatment and related services. This may include communication with other health care providers regarding your treatment and coordinating and managing your healthcare with others. For example, a dentist treating you for a tooth abscess may need to know if you have diabetes because diabetes may slow the healing process. The doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different Carolina Dentistry departments may also access your health information in order to coordinate services or items that you may need, such as prescriptions, lab work and x-rays. We may also disclose your health information to people, such as home health providers, who may be involved in your medical care after you leave our care.

**For Payment.** We may use and disclose your health information in order to bill and collect payment for treatment and services provided to you by Carolina Dentistry. We may also disclose your health information to other providers so they may bill and collect payment for treatment and services they provided to you. Before you receive scheduled services, we may share health information about these services with your health plan(s) to obtain prior approval or to determine whether your insurance will cover the treatment. We may also share your health information with billing and collection departments or agencies, insurance companies and health plans to collect payment for services, departments that review the appropriateness of the care provided and the costs associated with that care and to consumer reporting agencies (e.g., credit bureaus). For example, if you have a dental procedure, we may need to give your health plan(s) health information about your condition, supplies used (medications, dental implants and/or prosthetics) and

services you received (x-rays or oral surgery). This health information is given to our billing agency and your health plan so we can be paid or you can be reimbursed.

**For Health Care Operations.** We may use and disclose your health information to conduct activities that are called healthcare operations that allow us to improve the quality of care we provide and reduce healthcare costs. Examples of uses and disclosures for healthcare operations include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and other patients.
- Evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals (for example, billing clerks) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of care we provide. These organizations might include government agencies or accrediting bodies like the North Carolina State Board of Dental Examiners, or the American Dental Association.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty. For example, we may use or disclose health information so that one of our dental assistants may become certified in a specific field of dentistry.
- Sharing health information with the UNC Police Department to maintain safety at our facilities.
- Assisting various people who review our activities. Health information may be seen by providers reviewing services provided to you, and by accountants, lawyers and others who assist us in complying with applicable laws.
- Conducting business management and general administrative activities related to our organizations and services we provide.
- Resolving grievances within our organizations.
- Complying with this Notice and with applicable laws.

**Contacting You.** We may use and disclose health information to contact you about appointments, clinical instructions, surveys, or general communications. We may contact you by mail, telephone, email, or text message using the information you provide (such as address, telephone number, email address, or mobile phone number). Unless you notify us to the contrary, we may use the contact information you provide to communicate general information about your care such as appointment location, department, date and time.

**Treatment Alternatives.** We may use and disclose your health information to manage and coordinate your healthcare and inform you of treatment alternatives and other health related benefits that may be of interest to you. This may include telling you about treatments, services, products and/or other healthcare providers.

**Business Associates.** There are some services provided in our organization through our business associates. For example, we may use a copy service to make copies of your dental record. When we hire companies to perform these services, we may disclose your health information to these companies so that they can perform the job we have asked them to perform. To protect your health information, however, we require the business associate to appropriately safeguard your health information.

**Fundraising Activities.** We may use your health information to contact you or your legal representative in an effort to raise money for Carolina Dentistry and its operations. We would only use contact information, such as your name, address and phone number, department of service, treating physician, outcome information, health insurance status, and the dates you received treatment or services. You have the right to opt-out of receiving these communications. If you do not want us to contact you for fundraising efforts, please call 919-918-1255 or send your written request to: ASOD Privacy Liaison, UNC Adams School of Dentistry CB # 7450, 385 S. Columbia Street Chapel Hill, NC 27599-7450, or email [ASOD\\_ClinicalCompliance@unc.edu](mailto:ASOD_ClinicalCompliance@unc.edu).

**Individuals Involved in Your Care or Payment for Your Care.** We may share with a family member, relative, friend, or other person identified by you, health information that is directly relevant to that person's involvement in your care or payment for your care. We may use or disclose health information in order to

notify a family member, personal representative, or other person responsible for your care of your location, general condition or death. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family, personal representative or others responsible for your care can be notified about your location, general condition or death. If you do not want health information about you used or disclosed in the above circumstances, please call 919-918-1255. We will comply with additional state law confidentiality protections if you are a minor and receive treatment for pregnancy, drug and/or alcohol abuse, communicable disease, or mental health.

**De-identified Health Information.** We may use your health information to create “de-identified” information that is not identifiable to any individual in accordance with HIPAA. We may also disclose your health information to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.

**Limited Data Set.** We may use your health information to create a “limited data set” (health information that has certain identifying information removed). We may also disclose your health information to a business associate for the purpose of creating a limited data set, regardless of whether we will use the limited data set. We may use and disclose a limited data set only for research, public health, or health care operations purposes, and any person receiving the limited data set must sign an agreement to protect the health information.

### **Special Situations That Do Not Require Your Authorization**

We may use and/or disclose health information about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

**As Required by Law.** We will disclose your health information when required to do so by federal, state, or local law or other judicial or administrative proceedings. For example, we may disclose your health information in response to an order of a court or administrative tribunal.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.

**Public Health Risks.** We may disclose your health information to appropriate government authorities for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- To notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- To support public health surveillance and combat bioterrorism.

**Health Oversight Activities.** We may disclose your health information to a federal or state health oversight agency for oversight activities authorized by law.

**Law Enforcement.** We may release health information to a law enforcement official for certain law enforcement purposes, such as in the event of certain crimes.

**Lawsuits and Disputes.** In the course of any judicial or administrative proceeding, we may disclose your

health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.

**Organ and Tissue Donation.** We may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, we may use health information in preparing to conduct a research project or to see if you are eligible to participate in certain research activities. Before we use or disclose health information for research, however, the research project will have been approved through a specialized approval process. We may also contact you to see if you are interested in participating in research.

**Specialized Government Functions.** We may disclose health information about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability determinations of the Department of State.

**Workers' Compensation.** We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release is required: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; and (3) for the safety and security of the correctional institution.

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

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. We will ask your written permission before we use or disclose health information, for example, for the following purposes:

- Psychotherapy notes made by your individual mental health provider during a counseling session, except for certain limited purposes related to treatment, payment and health care operations, or other limited exceptions, including government oversight and safety.
- Certain marketing activities, including if we are paid by a third party for marketing statements as described in your executed authorization.
- Sale of your health information except certain purposes permitted under the regulations.

If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.

**North Carolina Law.** In the event that North Carolina Law requires us to give more protection to your health information than stated in this Notice or required by federal law, we will give that additional protection to your health information. We will comply with additional state law confidentiality protections relating to treatment for mental health and drug or alcohol abuse. Unless you object in writing, we may release health information related to your mental health to other health care providers for treatment, quality assessment and improvement activities, and other permitted purposes, including case management and care coordination, disease management, outcomes evaluation, development of clinical guidelines and protocols, population-based activities and the provision, coordination, or management of mental health, developmental disabilities, and substance abuse services and other health or related services.

In accordance with federal law, generally we will obtain your written consent before we may disclose health information that would identify you as a patient for substance abuse services. There are exceptions to this general requirement. For instance, we may disclose health information to our workforce as needed to coordinate your care, to agencies or individuals who help us carry out our responsibilities in serving you, and to health care providers in an emergency.

### **Your Rights Regarding Your Protected Health Information**

You have the following rights regarding the health information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your health information. To inspect and copy your health information, contact the Patient Records department at 919- 537-3888. If you request a copy of the health information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond to you within 30 days of receiving your written request. Under certain situations, we may deny your request in writing, describing the reason for denial and your rights to request a review of our denial.

**Right to Amend.** You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:

- The health information was not created by Carolina Dentistry unless you provide a reasonable basis for us to believe that the originator of the health information is no longer available to make the amendment.
- The health information is not part of the health information used to make decisions about you.
- We believe the health information is correct and complete.
- You would not have the right to inspect and copy the record as described above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the health information, we will make reasonable efforts to inform others of the amendment, including persons you name that have received your health information. Please contact 919-918-1255 to obtain the appropriate form to request an amendment to your record.

**Right to an Accounting of Disclosures.** You have the right to receive a written list of certain disclosures we made of your health information. You may ask for disclosures made, up to six (6) years before your request. We are required to provide a listing of all disclosures, except the following:

- For treatment, payment, or health care operations purposes.
- Occurring as a byproduct of permitted uses and disclosures.
- Made to or requested by you or that you authorized.
- Made to individuals involved in your care, for directory or notification purposes, or for disaster relief purposes.
- Made for national security or intelligence purposes.
- Made to correctional institutions and other law enforcement officials.
- Made as part of a limited data set which does not contain certain health information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the health information, a brief description of the health information disclosed, and the purpose of the disclosure. To request this list or accounting of disclosures, you must submit your request on the appropriate form, which can be obtained by calling 919-918-1255.

**Right to Request Restrictions.** You have the right to request that we restrict the use and disclosure of your health information. We are not required to agree to your requested restrictions, except we will honor your request to not disclose to your health plan if the disclosure is for payment or healthcare operations purposes

(and is not otherwise required by law) and the health information pertains solely to items or services for which you have paid out of pocket in full. If we agree to your request, there are certain situations when we may not be able to comply with your request. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures that do not require your authorization. You may request a restriction by submitting the appropriate form, which can be obtained by calling 919-918-1255.

**Right to Request Confidential Communication (Alternative Ways).** You have the right to request confidential communications, i.e., how and where we contact you, about your health information. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on you providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative means of communications by submitting the appropriate form, which can be obtained by calling 919-918-1255.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice upon request. We will make available a copy of this Notice to you no later than the date you first receive service from us except for emergency services, in which case we will provide the Notice to you as soon as practicable. You may also obtain a copy of this Notice at any time from our website, <https://www.carolinadentistry.org/patient-information/> or from any of the Carolina Dentistry treatment facilities listed in this Notice.

### **Contact For Questions and Complaints**

If you have any questions regarding this Notice, our privacy policies or if you believe your privacy rights have been violated or you wish to file a complaint about our privacy practices, you may contact:

HIPAA Privacy Liaison  
UNC Adams School of Dentistry  
Campus Box # 7450  
385 S. Columbia Street  
Chapel Hill, NC 27599-7450  
Phone: (919) 918-1255  
[ASOD\\_ClinicalCompliance@unc.edu](mailto:ASOD_ClinicalCompliance@unc.edu)

UNC-CH Privacy Officer  
Campus Box #1005  
123 W. Franklin St., Suite 600B  
Chapel Hill, NC 27599  
Phone: (919) 962-6332  
[privacy@unc.edu](mailto:privacy@unc.edu)

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

### **Changes to This Notice**

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all health information that we maintain by:

- Posting the revised Notice at our facilities.
- Making copies of the revised Notice available upon request at Carolina Dentistry facilities.
- Posting the revised Notice on our website, <https://www.carolinadentistry.org/patient-information/>.



## **NOTICE OF NONDISCRIMINATION**

The University of North Carolina at Chapel Hill Adams School of Dentistry is committed to providing an inclusive and welcoming environment for all patients. Consistent with this mission and in accordance with applicable Federal laws, the Adams School of Dentistry does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs and activities. The Adams School of Dentistry does not exclude people or treat them differently on account of race, color, national origin, age, disability, or sex.

In order to effectively communicate with all patients, the Adams School of Dentistry:

Provides free aids and services to persons with disabilities, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

Provides free language services to persons whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need assistance in obtaining these free services, contact Interpreter Services by calling (919) 239-1641.

If you believe that the UNC Adams School of Dentistry has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Associate Dean of Strategy and Compliance**  
**Office of the Dean**  
**385 S Columbia St., Suite 452 Chapel Hill, NC 27599**  
**919-918-1255**  
**ASOD\_ClinicalCompliance@unc.edu**

You can file a grievance in person, by mail, or via email. If you need help filing a grievance, the Associate Dean of Strategy and Compliance is available to you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington D.C. 21201; 1-800-368-1019; 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>.

We promise to:

- Serve all patients
- Provide free aids and services to all persons covered under this Notice

Not deny health services based on:

- Race
- Color
- National origin
- Age
- Sex
- Disability



ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 919-918-1255.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電919-918-1255。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 919-918-1255.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 919-918-1255 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 919-918-1255.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 919-537-3588 .

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 919-918-1255.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 919-918-1255.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyonang tulong sa wika nang walang bayad. Tumawag sa 919-918-1255

યુનિ: જો તમજરાતી બોલતા હો, તો િન:ક્રમાણુ સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 919-918-1255

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយខ្មែរ, សេវាជំនួយភាសាខ្មែរសេរីឥតគិតថ្លៃ អាចសម្រាប់អ្នក។ ចូរទូរស័ព្ទ 919-918-1255។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 919-918-1255.

ज्ञान: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। 919-918-1255 पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນມັດພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ກະແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 919-918-1255

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。919-918-1255