

## **YOUR INDIVIDUAL RIGHTS ABOUT PATIENT HEALTH INFORMATION**

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You may contact Liberty Lake Family Dentistry to exercise your rights related to the use and disclosure of your protected health information. You may contact us at:

**Maple Street Family Dentistry  
4610 N Ash, Suite #102,  
Spokane, WA 99205  
509-928-5001**

Your specific rights are listed below and include:

1. **The right to request restricted use:** You may request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. If you request that we restrict the use of your private information, we will provide you with written notice of our decision about your request.
2. **The right to request non-disclosure to health plans:** You have the right to request in writing that health care items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.
3. **The right to receive confidential communications:** You have the right to request that we communicate with you about dental matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the address above. We will grant all reasonable requests. Your request must specify how or where you wish to be contacted.
4. **The right to inspect and receive copies:** In most cases, you have the right to inspect and receive a copy of certain health care information including certain dental and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
5. **The right to request an amendment to your record:** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we make a correction or add information. In your request for the amendment, you must give a reason for the amendment. We are not required to agree to the amendment of your record, but a copy of your request will be added to your record.
6. **The right to know about disclosures:** You have the right to receive a list of instances in which we have disclosed your health information. Certain instances will not appear on the list, such as disclosures for treatment, payment, or health care operations or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee.
7. **The right to make complaints:** If you believe that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint directly to Dr. Olmstead using the contact information above. Neither Dr. Olmstead, nor any employee of Liberty Lake Family Dentistry will retaliate against anyone for filing a complaint.

You may also contact:

**U.S. Department of Health and Human Services,  
Office for Civil Rights:  
2201 Sixth Avenue - Mail Stop RX-11  
Seattle, WA 98121-1831  
206-615-2290; 206-615-2296 (TTY)  
206-615-2297 (fax)  
Toll free: 1-800-362-1710; 1-800-537-7697 (TTY)**

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