

STATEMENT OF PRIVACY PRACTICES

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Protecting your personal healthcare information

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the State of Washington. This includes issues relating to your treatment, payment and our dental care operations. Your personal health information will never be otherwise given to anyone—even family members—without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose. Our office and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your record is always protected. Our privacy policy and practices apply to all former, current and future patients; you can be confident your protected health information will never be improperly disclosed or released. Insurance companies will not receive any financial information other than their reimbursement information.

Collecting protected health information

We will only request personal information needed to provide our standard quality of dental care, implement payment activities, conduct normal dental practice operations and comply with the law. This may include your name, address, telephone numbers, Social Security number, employment data, medical history, health records, etc... While most of the information will be collected from you, we may obtain information from third parties, if it deemed necessary. Regardless of source, your personal information will always be protected to the full extent of the law.

Disclosure of your protected health information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing purposes without your written consent. We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, text messages, email and postcards. Family members, and in some cases, others will have access to your PHI in the event of your death.

Patient rights

You have the right to request copies of your healthcare information: to request copies in a variety of formats; to request a list of instances in which we or our business associates have disclosed your protected information for uses other than stated above. All requests must be in writing. We may charge for copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the US Department of Health and Human Services.

We thank you for being a patient at Kim Okamura DDS. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.