

# HIPAA FORM

VERMONT TECHNICAL COLLEGE  
DENTAL HYGIENE CLINIC  
(802) 879-5643  
301 Lawrence Place, Williston, VT 05495  
Effective Date: 3/26/2018

## NOTICE OF HIPAA PRIVACY PRACTICES

This is a summary of our notice of privacy practices, which describes how medical information about you may be used and disclosed and how you can get access to this information.

By law we are required to maintain the privacy of your Protected Health Information. If you have any questions or complaints about this Privacy Notice please contact the Privacy Officer at (802) 879-5643.

You have the following rights regarding your medical information:

- To request to inspect and obtain a copy of your medical records, subject to certain limited exceptions;
- To request to add an addendum to or correct your medical record;
- 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. If you want more information about our privacy practices or have questions or concerns, please contact us.
- To request an accounting of Vermont State Colleges' disclosures of your medical information;
- To request restrictions on certain uses or disclosures of your medical information; We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, (except in an emergency).
- To request that we communicate with you in a certain way or at a certain location.

We may use and disclose medical information about you for the following purposes and other reasons not listed:

- To provide you with medical treatment and services.
- To provide you with appointment reminders, (such as voicemail messages, letters, etc.).
- To bill and receive payment for the treatment and services you receive.
- For functions necessary to run Vermont State Colleges and assure that our participants receive quality care and as required or permitted by law.
- For workers' compensation or similar programs.
- For public health activities (e.g., reporting abuse or reactions to medications).
- To a health oversight agency, such as the Vermont Department of Health.
- In response to a court or administrative order, subpoena, warrant or similar process.
- To law enforcement officials in certain limited circumstances.
- To a coroner, medical examiner or funeral director.
- To organizations that handle organ, eye, or tissue procurement or transplantation.
- To appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.
- To a family member, friend or other person to the extent necessary to help with your healthcare, but only if you agree that we may do so.

We will not use your health information for marketing or publicity purposes without your written authorization.



Our Notice may be revised or updated from time to time. In addition to our use of your health information for your treatment, signing this document gives us written authorization to use your health information or to disclose it to other health care providers for any legitimate purpose. You may revoke this written authorization in writing at any time. I have read the Notice of Privacy Practices, understand, and agree to this.

## Signature

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## Form History

 Signed	Aug 21, 2020 15:10:26 EDT	Signed by test test IP 155.42.237.2
 Completed	Aug 21, 2020 15:10:27 EDT	The form has been completed