



UAA Dental Clinic Patient Privacy Disclosure

University of Alaska Anchorage, Dental Programs respects you and your privacy especially your protected health information (PHI). PHI under US law is any information about health status, provision of health care, or payment for health care that is created or collected and can be linked to a specific individual. PHI is included in a patient's dental records or payment history.

To protect your privacy, we want you to know under what circumstances we will use or share your records.

- **Treatment:** Your records may be shared with professionals within our clinic for your treatment.
- **Student learning:** Your records may be used in the classroom by our faculty to support student learning. Information that could be used to identify you, such as name, date of birth, address, phone number, photos, etc. is removed from the records prior to use in the classroom.
- **Appointment Reminders:** We may use and disclose health information to contact you by phone, voice mail, email or mail to remind you about a scheduled appointment.
- **Research:** Your records may be used for research without consent only if all personal identifiers are removed.
- **Data Breach Notification:** We may use or disclose your health information to provide legally required notices of unauthorized access to or disclosure of your health information required by the State of Alaska.
- **Emergency or Disaster Relief:** We may disclose your health information to a disaster relief agency or emergency personnel to coordinate care or notify family of your condition in the event of disaster.
- **As Required By Law:** We will disclose health information about you when required to do so by any law not already referenced in this notice.

UAA Dental Clinic supports your right to protect and manage your protect PHI. The following uses and disclosures of your health information will be made ONLY with your written authorization:

- **Release of Records to other Entities:** We will not release your medical records to you or other parties without your written consent. This includes medical professionals outside our office, family or friends, educational institutions, or employers.
- **Copying of Information to Electronic Media:** We will not copy your medical record to jump drive, CD, or other media without your written permission.

- **Research:** When research require PHI, we will require your consent before allowing your information to be used.

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