

**Request for Access/Records Release**

Louscher Family Dentistry, LLC Privacy Official Name: Kate Samp

Telephone: 515-295-2334 or 712-852-2054

Patient's Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (for identification purposes)

Describe the records you wish to access/release: \_\_\_\_\_

**What would you like for us to do for you?**

If you would like the information emailed, enter the email address here (PLEASE PRINT VERY CLEARLY!):

\_\_\_\_\_@\_\_\_\_\_

**We do not recommend sending patient information in an unencrypted email because third parties may be able to access the email.**

I want you to mail the copy of the requested records to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I wish to see the requested records.

I wish to get a copy of the requested records.

If the requested records are in an electronic designated record set, I wish an electronic copy of the requested records the following form and format, if readily producible: \_\_\_\_\_

**If the request is by a patient:**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the request is by a patient's personal representative:**

Print the Name of the Personal Representative: \_\_\_\_\_

Relationship to the Patient: (Self, parent, spouse, guardian, other) \_\_\_\_\_

I certify that I have the legal authority under federal and state laws to make this request on behalf of the patient identified above.

Signature of Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Fees**

Our practice may charge a reasonable, cost-based fee to for copies of patient information, cost of electronic media (blank CD or USB drive) and for postage to mail records if requested.

**Questions**

Please contact our privacy official listed at the top of this page if you have any questions about your request to inspect or copy records.

For dental office use only:

Request for access denied (attach written denial).

Request for access approved.

If approved, describe below when and how access was provided.

**Louscher Family Dentistry, LLC**  
310 East Call Street, Algona, Iowa 50511  
3202 1<sup>st</sup> Street, PO Box 72, Emmetsburg, Iowa 50536

**Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 09/23/2013, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

**Treatment.** We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

**Payment.** We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

**Healthcare Operations.** We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

**Disaster Relief.** We may use or disclose your health information to assist in disaster relief efforts.

**Required by Law.** We may use or disclose your health information when we are required to do so by law.

**Public Health Activities.** We may disclose your health information for public health activities, including disclosures to:

- o Prevent or control disease, injury or disability;
- o Report child abuse or neglect;
- o Report reactions to medications or problems with products or devices;
- o Notify a person of a recall, repair, or replacement of products or devices;
- o Notify a person who may have been exposed to a disease or condition; or
- o Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

**National Security.** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

**Secretary of HHS.** We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

**Worker's Compensation.** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Law Enforcement.** We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

**Health Oversight Activities.** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, Medical Examiners, and Funeral Directors.** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

**Fundraising.** We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

### **Other Uses and Disclosures of PHI**

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

### **Your Health Information Rights**

**Access.** You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

**Disclosure Accounting.** With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

**Right to Request a Restriction.** You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

**Alternative Communication.** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

**Amendment.** You have the right 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 we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

**Right to Notification of a Breach.** You will receive notifications of breaches of your unsecured protected health information as required by law.

**Electronic Notice.** You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail).

### **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Our Privacy Official: Kate Samp  
Telephone: 515-295-2334  
Fax: 515-395-2234  
Address: 310 East Call Street, Algona, Iowa 50511  
E-mail: kate@louscherdental.com  
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## **NOTICE OF NONDISCRIMINATION Section 1557**

### **Louscher Family Dentistry, LLC**

complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

### **Louscher Family Dentistry, LLC**

does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **Louscher Family Dentistry, LLC**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact our administrative personnel for Algona at 515-295-2334 or  
If you need these services, contact our administrative personnel for Emmetsburg at 712-852-2054

If you believe that Louscher Family Dentistry, LLC  
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 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/portal/lobby.isf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201

Toll Free: 1-800-537-7697  
800-537-7697 (TTD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Iowa

We will take reasonable steps to provide free-of-charge language assistance services to people who speak languages we are likely to hear in our practice and who don't speak English well enough to talk to us about the dental care we are providing.

### Spanish:

Tomaremos acciones razonables para proporcionar servicios de asistencia lingüística gratuitos a aquellas personas cuyo lenguaje escuchamos frecuentemente en nuestro consultorio y que no hablen un inglés lo suficientemente bueno como para hablar con nosotros sobre el servicio odontológico que suministramos.

### Chinese:

我们将有序地做到提供免费的语言服务使我们能听懂英语不好的人向我们咨询有关牙齿护理

### Vietnamese:

Chúng tôi sẽ thực hiện các bước cần thiết để cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho những người giao tiếp bằng những ngôn ngữ mà chúng tôi có thể nghe thấy tại phòng khám của mình và cho những người không có đủ trình độ tiếng Anh để thảo luận về dịch vụ chăm sóc nha khoa mà chúng tôi đang cung cấp.

### Serbo-Croatian:

Предузећемо разумне кораке да обезбедимо бесплатну преводилачку помоћ за особе које говоре језике са којима се током рада чешће сусрећемо, а који не говоре енглески довољно добро да би могли да разговарају са нама о стоматолошкој услузи коју пружамо.

### German:

Wir werden angemessene Schritte unternehmen, um denen eine gebührenfreie Sprachunterstützung zu bieten, die Sprachen sprechen, die wir möglicherweise in unserer Praxis hören, die aber kein Englisch sprechen, das gut genug ist, um mit uns über die Zahnpflege zu sprechen, die wir anbieten.

### Arabic:

سوف نقوم باتخاذ خطوات معقولة من أجل توفير خدمات المساعدة اللغوية بدون تكلفة للأشخاص الذين يتحدثون لغات أخرى من المرجح أن نستمتع إليها خلال ممارستنا والذين لا يتقنون تحدث الإنجليزية بشكل جيد يمكنهم من التحدث إلينا فيما يتعلق برعاية الأسنان التي نقدمها.

### Laotian:

ພວກເຮົາ ຈະໃຫ້ ນັກສູນ ເຫມາະ ມ ຕ ສ ໃ ການ ວຍ ສ ກນພ  
ກສາ ສອຍ ກ ຄ ນ ຕ ກພາສາ ພວກເຮົາ ກສາດຈະໃຫ້ ນ ໃນກ  
ກນ ກ ສມຂອງພວກເຮົາ ກ ຄ ຄ ຕ ກພາສາ ງ ດ ໃ ຕ ສ  
ມ ບພວກເຮົາ ກ ບົວ ບການ ງ ຄ ຄ ຄ ວ ພວກເຮົາ ກກ ງ ດ ໃ

### Korean:

저희는 적절한 조치를 통하여 언어 지원 서비스를 무료로 제공할 것입니다. 다만, 실제로 저희에게 관심이 있는 언어를 쓰지만 저희 치아 관리 서비스에 대해 의견을 줄 수 있을 만큼 영어로 의사소통이 원활하지 않는 경우로 한정합니다

**Hindi:**

हम उन व्यक्तियों को, जो कि ऐसी भाषाएं बोलते हैं जो हम अपने अभ्यास में संभावित रूप में सुनना चाहते हैं और जो हमारे द्वारा प्रदान की जाने वाली डेंटल देखभाल के बारे में हमारे साथ उचित ढंग से अंग्रेज़ी नहीं बोलते, मुफ्त सेवाएं प्रदान करने के लिये उचित कदम उठाएंगे।

**French:**

Nous prendrons les mesures raisonnables pour fournir des services d'assistance linguistique gratuits pour les individus qui parlent des langues que nous sommes susceptibles d'entendre durant nos séances et qui ne parlent pas suffisamment bien l'anglais pour discuter avec nous concernant les soins dentaires que nous fournissons.

**Pennsylvanian Dutch:**

Mir zelle unser Beschtes browiere fer Hilf griege fer ennich ebber as Druwwel hett fer verschtehe was mer an schwetze is in Englisch weech Zaahdokteres do. Die Hilf, as mer aabiede kennt, deet nix koschte.

**Thai:**

เราได้ก้าวไปอีกระดับด้วยการให้บริการผู้ช่วยด้านภาษาโดยไม่มีค่าบริการให้กับผู้ที่ไม่สามารถสื่อสารด้วยภาษาอังกฤษเกี่ยวกับการดูแลทันตกรรมที่เราให้บริการได้ดีพอและใช้ภาษาที่เรามักจะได้ยินบ่อยในศูนย์ทันตกรรมของเรา

**Tagalog:**

Gagawin namin ang mga makatwirang hakbang para maibigay namin ng walang bayad ang mga tulong na serbisyo sa wika para sa mga taong nagsasalita ng mga wikang karaniwan naming naririnig sa aming pagsasagawa at sa mga hindi bihasa sa pagsasalita ng Ingles na sasangguni sa amin tungkol sa pangangalaga ng ngipin na ibinibigay namin.

**Karen:**

ပကတံးန့ၢ်တၢ်အပတီၢ်လၢအကြးဝဲဘၣ်ဝဲတဖၣ် လၢကဟ့ၣ်လီၤ ကျိၣ်တၢ်  
 တိၣ်စၢၤမၤစၢၤတၢ်မၤစၢၤလၢအကလီၤ ဆူပုၤလၢအကတီၢ်ကျိၣ်လၢပအဲၣ်ဒီးန့ၢ်  
 ဟူလၢပတၢ်ဖံးတၢ်မၤအပူၤ ဒီးပုၤလၢကတီၢ်အဲၣ်ကလံးကျိၣ်တဘၣ်ဂ့ၤဂ့ၤလၢ  
 ကတဲသကိးတၢ်ဘၣ်ဃးဒီးမဲတၢ်ကွၢ်ထွဲလၢပဟ့ၣ်လီၤအိၤတဖၣ်န့ၢ်လီၤ.

**Russian:**

Мы принимаем необходимые меры, чтобы предоставить бесплатные услуги переводчика для общения на языках, с которыми мы сталкиваемся в нашей практике с клиентами, которые не владеют английским языком достаточно, чтобы обсудить с нами стоматологическое обслуживание, которое мы предоставляем.

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