

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (HIPPA)

(THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.)

(THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY THE CENTER/PRACTICE FOR ORAL AND MAXILLOFACIAL SURGERY, WHETHER MADE BY THE PRACTICE OR AN ASSOCIATED FACILITY.)

This notice describes our Center/Practice's policies which extend to:

- Any health care professional authorized to enter information into your chart (including dentist, physicians, RNs, RDAs, etc.);
- All areas of Center/Practice (front desk, administration, billing, collections, clinical, etc.);
- All employees, staff and other personnel that work for or with our Center/Practice;
- Our business associates (including a billing service, or facilities to which we refer patients), on-call dentists/physicians, and so on.

**WE ARE REQUIRED BY LAW TO:**

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this notice that are currently in effect.

With your consent, the Center/Practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment and health care operations purposes.

### **HOW WE MAY USE AND DISCLOSE MEDICAL/DENTAL INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose medical/dental information that we have and share with others. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

- **FOR TREATMENT:**

We may use medical/dental information about you to provide you with medical/dental treatment for our services. We may disclose medical/dental information about you to doctors/dentists, hospitals, students, nurses, technicians, or other Center/Practice personnel who are involved in taking care of you. For example, a doctor/dentist whom we refer you for ongoing or further care may need your medical record. Different departments of the Center/Practice also may share medical/dental information about you in order to coordinate information such as records, prescriptions, x-rays, etc. We also may disclose medical/dental information about you to people outside of the Center/Practice who may be involved in your medical/dental care after you leave the Center/Practice, such as your referring dentist, general practitioner, family members or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical/dental decisions, should you become incompetent).

- **FOR PAYMENT:**

We may use and disclose medical/dental information about you so that the treatment and services you receive at the Center/Practice may be billed to and payment may be collected from you, an insurance company or any other third party. For example, we may need to give your health plan information about treatment you received at the Center/Practice so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.

- **FOR HEALTH CARE OPERATIONS:**

We may use and disclose medical/dental information about you for Center/Practice operations. These uses and disclosures are necessary to run the Center/Practice more efficiently and make sure that all of our patients receive quality care. For example, we may use medical/dental information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical/dental information about many Center/Practice patients to decide what additional services the Center/Practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students, and other Center/Practice personnel for review and learning purposes. We may also combine the medical/dental information we have with medical/dental information from other Center/Practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical/dental information so others may use it to study health care delivery without learning who the specific patients are.

We may also use or disclose information about you for internal or external utilization review and/or quality assurance and improvement, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records to billing companies to aid us in the process and the like. We shall endeavor, at all times when business associates are used, to advise them of their continued obligation to maintain the privacy of your medical/dental records.

- **APPOINTMENT AND PATIENT RECALL REMINDERS:**  
We may ask that you sign in writing at the receptionist's desk, a "sign-in" log on the day of your appointment with the Center/Practice. We may use and disclose medical/dental information to contact you as a reminder that you have an appointment for medical care with the Center/Practice or that you are due to receive periodic care from the Center/Practice. This contact may be by phone, in writing, or otherwise and may involve leaving a message on an answering machine, or otherwise, which could (potentially) be received or intercepted by others.
- **HEALTH-RELATED BENEFITS AND SERVICES:**  
We may use and disclose medical/dental information to tell you about health-related benefits or services that may be of interest to you.
- **EMERGENCY SITUATIONS:**  
In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.
- **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:**  
Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency situation.
- **FOOD AND DRUG ADMINISTRATION (FDA):**  
As required by law, we may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **PUBLIC HEALTH:**  
We may disclose medical/dental information about you for public health activities. These activities generally include the following:
  - \* To prevent or control disease, injury or disability;
  - \* To report deaths;
  - \* To report child abuse or neglect;

- \* To report reactions to medications or problems with products;
- \* To notify people of recalls of products they may be using;
- \* To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- \* To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **WORKER'S COMPENSATION:**

If you are seeking compensation through Worker's Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Worker's Compensation.

- **CORRECTIONAL INSTITUTIONS:**

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of other individuals.

- **MILITARY AND VETERANS:**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **LAW ENFORCEMENT**

We may release medical/dental information if asked to do so by a law enforcement official:

- \* In response to a court order, subpoena, warrant, summons or similar process;
- \* To identify or locate a suspect, fugitive, material witness, or missing person;
- \* About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- \* About criminal conduct at the Center/Practice, and
- \* In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **HEALTH OVERSIGHT:**

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

**EXAMPLE:** Audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

- **JUDICIAL/ADMINISTRATIVE PROCEEDINGS:**

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

### **OTHER RESPONSIBILITIES:**

The practice is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request;
- and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

### **PATIENT HEALTH INFORMATION RIGHTS:**

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted;
- Obtain a paper copy of this Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office;

- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request in writing to our office;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or actions has already been taken by delivering a written revocation to our office.

**Kentucky Center for Oral and Maxillofacial Surgery provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).**

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our “Notice” by visiting our office and picking up a copy.

**TO REQUEST INFORMATION OR FILE A COMPLAINT:**

If you have questions, would like additional information, or want to report a problem regarding the handling of your medical information, you may contact the Center/Practice's Practice Manager/Privacy Officer @ (859)278-9376 or 1-800-432-3610.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to the Center/Practice's Practice Manager/Privacy Officer. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, Ms. Kathleen Sebelius, 200 Independence Avenue, SW, Washington, DC 20201 or e-mail to [hhs.gov](mailto:hhs.gov). All complaints must be submitted in writing.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

You will not be penalized for filing a complaint.

#### OTHER USES OF MEDICAL/DENTAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose medical/dental information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.



I, \_\_\_\_\_, hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this Notice.

\_\_\_\_\_  
PATIENT

\_\_\_\_\_  
DATE