

NOTICE OF PRIVACY PRACTICES

COAL CREEK ORAL SURGERY AND DENTAL IMPLANT CENTER, PLLC

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

Your Health Information

Your patient health information is confidential and protected by law. Patient health information includes information regarding your symptoms, test results, treatment, diagnosis, and related medical information. Your health information also includes information about payment, billing, and insurance.

How Your Health Information Is Used

Your health information is used to provide you with treatment, to obtain payment, and to conduct health care operations, such as evaluation of the quality of care received by the Practice's patients. Under some circumstances, your health information may be used or disclosed even without your permission.

Examples of Treatment, Payment, and Health Care Operations Where Your Health Information May Be Used or Disclosed without Your Consent

Treatment: Your health information is used to provide medical treatment or services to you. Physicians, nurses, and other members of your treatment team record information in your record and use it to determine the most appropriate course of care. The information may be disclosed without your permission to other health care providers, such as dentists, physicians, clinical laboratories, and pharmacists, so they may provide you with treatment.

Payment: Your health information is used without your consent to obtain payment for services provided to you. For example, your insurance company may require us to provide information about proposed treatment before the insurance company will authorize payment. We will also use your health information without your permission in order to submit bills and maintain records of payments from your health plan.

Health Care Operations: Your health information is used without your permission to conduct health care operations, so that we can properly administer our records, evaluate the quality of treatment, and assess the care and outcomes of your case and others like it. We may also use and disclose your health information without your permission to contact you as a reminder that you have an appointment with us, and to tell you about health-related benefits and services that may be of interest to you. For example, we may contact you about new testing services available based on services ordered by your physician.

Other Uses and Disclosures of Your Health Information That Can Be Made without Your Permission

Sometimes your health information may be used or disclosed for other reasons, even without your consent. Subject to certain requirements, health information may be disclosed without your permission for the following purposes:

Required by Law: Certain laws may require us to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.

Public Health Activities: We may be required to disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.

Health Oversight: We may be required to disclose information to assist in audits and investigations by government programs and agencies.

Subpoenas and Judicial Proceedings: We may disclose information in response to an appropriate subpoena or court order.

Law Enforcement: We may disclose information required by law enforcement officials, subject to certain restrictions.

Deaths: We may disclose information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.

Serious Threat to Health or Safety: If necessary, we may use and disclose information to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Special Government Functions: We may release information about armed forces personnel as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

Research: We may use or disclose information for certain approved medical research.

Workers Compensation: We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.

De-identified Information and Limited Data Set: We may use and disclose your health information that has been “de-identified” by removing certain identifiers making it unlikely that you could be identified. We may also disclose limited health information contained in a “limited data set” as that term is defined in the privacy regulations. The limited data set would not contain any information that could identify you. For example, a limited data set may include your city, county, and zip code, but not your name or street address.

Family Members: Unless you object, we may share your health information without your permission with family members and other caregivers to assist them in providing you with care.

Employer: If we perform a work-related evaluation at the request of your employer, we may disclose the results to your employer.

All Other Uses and Disclosures of Your Health Information

For all purposes not described above, including most uses and disclosures of psychotherapy notes, uses and disclosures of your health information for marketing purposes, and disclosures that would constitute a sale of your health information, we will ask for your written authorization and will only use or disclose your health information if we receive a written authorization from you. You are not required to sign an authorization, but if you choose to do so, you may revoke it, in writing, at any time to stop any future uses and disclosures, except to the extent that action has been taken in reliance on the authorization.

Individual Rights

You have the following rights with regard to your health information. Please contact the person listed in the box below to obtain the appropriate form for exercising these rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. We must agree to your request to restrict disclosure to a health plan if the disclosure pertains solely to an item or service paid for out-of-pocket in its entirety by you or another person or entity on your behalf. For other restrictions, with limited exceptions, we are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.

Confidential Communications: You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your health information. You must make your request in writing. We have up to 10 days to make your health information available to you, and we may charge a reasonable fee for the copies. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. If we deny access to your health information, you will receive a timely, written denial

explaining the basis for the denial, your review rights, and how to exercise those rights.

Right to an Electronic Copy of Electronic Medical Records: If your health information is maintained in an electronic format, you have the right to request that an electronic copy be given to you or transmitted to another individual or entity. We will make every effort to provide the electronic copy in the format you request, however, if it is not readily producible by us, we will provide it in either our standard format or in hard copy (fees may apply).

Amend Information: If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

Accounting of Disclosures: You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations.

Health Information Breach Notification: You have the right to receive, and we are required to provide you with, written notification if we discover a breach of your unsecured health information, unless there is a demonstration, based on a risk assessment, that there is a low probability that your health information has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of any breach of your unsecured health information. Such notification will include information about what happened and what can be done to mitigate any harm.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect.

Changes in Privacy Practices

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area. You can also request a copy of our Notice at any time. For more information about our privacy practices, contact the person listed in the box below.

Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Contact Person

If you have any questions, requests, or complaints, please contact:

Name: Lynn Hayes
Title: Privacy Officer
Address: 1771 Cherokee Trail
Lafayette, CO 80026
Phone: (720) 588-2505

YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE UPON REQUEST