

Privacy Policy

Please return this copy to the front desk receptionist.

Upon your request, our office will provide a copy for you to keep.

This notice describes how your protected health information (PHI) may be used and disclosed and how you can get access to this information. Please review the entire document carefully, and pay particular attention to Section IV, which has been placed in bold print.

Notice of Privacy Practices

- I. Our Commitment to Protecting Your PHI: In this notice, we describe the ways that we may use and disclose PHI about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient. This information is called “protected health information” or PHI. This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:
 - a. Maintain the privacy of PHI about you
 - b. Give you this Notice so you can review our legal duties and privacy practices with respect to PHI
 - c. Comply with the terms of our Notice of Privacy Practices that is currently in effect.
- II. We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request.
- III. How We May Use and Disclose your PHI:
 - a. Uses and Disclosure for Treatment, Payment, and Health Care Operations (please note that the examples included with each category do not list every type of use or disclosure that may fall within the category).
 - i. Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, x-ray, physical therapy, or health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider, such as to discuss allergies to medications and all other information we deem appropriate. We may also disclose PHI about you for the treatment activities of another health care provider, such as sending a report about your care from us to a physician that has referred you to us, or that we refer you so that the other physician may treat you.
 - ii. Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for payment approval or benefit information from your health plan before we provide care or services or surgery. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company’s activities to determine the insurance benefits to be paid for your care.
 - iii. Health Care Operations: We may use and disclose PHI in performing business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in the following health care operations.
 1. Reviewing and improving the quality, efficiency and cost of care that we provide to our patients. For example, we may use PHI about you to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provide to others.
 2. Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, and educational classes.

3. Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients.
4. Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills
5. Cooperating with outside organizations that assess the quality of the care that we provide.
6. Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty. For example, we may use or disclose PHI so that one or our surgical assistants may become certified as having expertise in a specific field of assisting.
7. Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers and others who assist us in complying with the law and managing our business.
8. Assisting us in making plans for our practice's future operations.
9. Resolving grievances within our practice.
10. Reviewing our activities and using or disclosing PHI in the event that we sell our practice to someone else or combine with another practice.
11. Business planning and development, such as cost-management analysis.
12. Business planning and general administrative activities of our practice, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
13. Creating "de-identified" information that is not identifiable to any individual.
14. If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example, such operations may include: reviewing and improving the quality, efficiency and cost of care provided to you; reviewing and evaluating skills, qualifications and performance of health care providers; providing training programs for student, trainees, health care providers, or non-health care professionals.
15. We may also disclose PHI for the health care operations of an "organized health care arrangement" in which we participate, for example, the joint care provided by a hospital and the doctors who see the patients at the hospital.

IV. Other Uses and Disclosures We Can Make Without Your Written Authorization, but You May Have the Opportunity to Agree or Object:

- a. Uses and discloses for which you have the opportunity to agree or object. We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosure of PHI about you. If you do not object, then we may make these types of uses and disclosures of PHI:
 - i. Communications from our office: we will try to contact you by phone to make you aware of upcoming appointments or additional information that our office needs to coordinate your treatment and health care billing to your insurance company or our office. If we are unable to reach you by phone, we will leave a message on the phone numbers that you have provided over the phone when your appointment was first scheduled or on the phone numbers listed on your patient registration form. If you object to this form of communication, you must contact our Privacy Policy Officer by writing a letter stating the forms of communication that you wish to our office to use if we cannot leave a message for you on the phone numbers that were provided to us. This written letter must be signed by the patient (or parent/guardian if a minor) and dated.
 - ii. Individuals involved in your care or payment of your care: We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment of your care. If you

are present and able to consent or object, then we may only use or disclose PHI if you do not object.

1. For example, if a patient is going to have any form of general anesthesia or sedation for a surgery or procedure, our policy is to have the patient bring a trusted adult with him/her that will be allowed to know about some PHI of the patient, including what the surgery is for, and be responsible for:
 - a. Bringing the patient to the appointment for surgery on time.
 - b. Reviewing the postoperative instructions with the patient.
 - c. Communicating the postoperative instructions to the patient after surgery in the case that the patient does not remember these instructions due to the sedation that was administered during the surgery.
 - d. Staying present with the patient while the estimated payment for surgery is collected and a post operative follow up visit is scheduled for the patient. Any questions that the patient has, including the surgery or postoperative concerns will be addressed in the presence of the patient's escort.
 - e. Holding the patient's personal items (glasses, jewelry, etc.) as well as the items from our office (postoperative instruction form, form on taking pain medication/ibuprofen, extra gauze packets, etc.)
 - f. Staying on the premises while the patient's surgery is being performed. The escort may not leave for any reason during the surgery, without the consent of our office.
 - g. Taking the patient from our office after the surgery.
 - h. Attending to postoperative care until the patient is able to do so for him/her. Usually if a patient has had some form of sedation during the surgery, he/she will be partially conscious but still under the effects of the sedation for a number of hours after the surgery; therefore, the patient must have the escort to take care of any postoperative instructions and observe the patient for signs of:
 - i. Fever over 101 degrees
 - ii. Severe, bright red bleeding that has not responded to the instructions in the postoperative form
 - iii. Rash, difficulty breathing, vomiting, or any other suspected reaction to the patient's medication
 - i. With any of the above reactions, the patient's escort must call our office phone number. However, if the patient has difficulty with breathing, the patient's escort must call 911 first.
2. If the patient objects to sharing his/her personal health information with an elected escort for surgery or other procedure that includes general anesthesia or any form of sedation, our policy is to:
 - a. Inform the patient that he/she has the right to object.
 - b. Inform the patient that if he/she does not or can not follow our policy of bringing a trusted adult that follows the guidelines listed above, we can not see the patient for a surgery appointment with general anesthesia or any form of sedation at our office, unless it is for an emergency.
 - c. If the patient has an emergency, we will see the patient using local anesthetic only (no sedation) and only treat the area that is in need of immediate attention, and allow the patient to come and leave our office without an escort.

3. If you object to our office sharing your PHI with any other individual related to your care or payment of your insurance claims and services, such as your spouse, child, parent, related family member (such as grandparent), or close friend, you must contact our Privacy Policy Officer by writing a letter stating the individuals that our office may not share your PHI with (or stating that no individuals, however related, may have access to your PHI). This written letter must be signed by the patient (or parent/guardian if a minor) and dated. If you have not notified our Privacy Policy Officer regarding this matter, then our office will use exercise professional judgment in determining whether the use and disclosure of your PHI to others related to you is in your best interests. For example, we may exercise professional judgment of in communicating your PHI in these ways:
 - a. We will assume that your spouse is allowed to know about your PHI unless you have notified us in writing. Our office has found that the spouse of a patient often will call and make the patient's appointments, coordinate the care after or during treatments at our office, coordinate the insurance information and benefit coverage, and coordinate the payment for services.
 - b. We will assume that the parent/guardian of a child over the age of 18 is allowed to know about your PHI unless you have notified us in writing. Our office has found that the parent/guardian of a patient often will call and make the patient's appointments, coordinate the care after or during treatments at our office, coordinate the insurance information and benefit coverage, and coordinate the payment for services (especially if this patient is over 18 but still covered under the parent/guardian's health insurance).
 - c. We will assume that the adult son/daughter of an older patient (or an adult patient that has a compromised health or mental condition) is allowed to know about your PHI unless you have notified us in writing. Our office has found that the adult son/daughter of an adult patient often will call and make the patient's appointments, coordinate the care after or during treatments at our office, coordinate the insurance information and benefit coverage, and coordinate the payment for services.
 - d. We may not assume that an adult sister/brother, grandparent, close friend or other close relative (other than mentioned above) is allowed to know your PHI and may ask you directly over the phone or request for it to be placed in writing that you will authorize the sharing of your PHI with a particular individual, unless the situation is listed below in section "e."
 - e. If you are brought into our office for an appointment of any type and we find you are unable to communicate normally with our doctor for some reason, and unable to object or agree to the use of your PHI, we will assume that we may use and disclose your PHI with the person that is attending to you during your appointment (the person you have elected to bring with you). For example, we may use or disclose PHI to the attending individual for your appointment to give that individual your prescription, other medical supplies, and instructions for future surgery/or other procedures and/or post operative care after leaving our office. These reasons are not limited to but including the following examples listed:
 - i. your mouth is wired shut,
 - ii. you are under some form of sedation,
 - iii. you have had an injury or accident that has physically or mentally caused you to be unable to communicate normally,
 - iv. you are unable to speak English and have brought a translator

- f. If you have been transported to the hospital from our office or experienced death in our office, we will exercise professional judgment to communicate your PHI to individuals related to you (if we do not have your spouse or adult child to communicate to) regarding your location, general condition, or death. We may also coordinate with disaster relief agencies to make this type of notification.
- g. In all other situations, we may use our professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up prescriptions, medical supplies, x-rays, and/or other things that contain PHI about you.

V. Other Uses and Disclosures We Can Make Without Your Written Authorization or Opportunity to Agree or Object. We may also use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply:

- a. Required by law: We may use and disclose PHI as required by federal, state or local law. Any disclosure complies with the law and is limited to the requirements of the law.
- b. Public Health Activities: We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to the public health, including the following:
 - i. to prevent or control disease, injury or disability
 - ii. to report disease, injury, birth or death
 - iii. to report child abuse or neglect
 - iv. to report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities
 - v. to locate and notify persons of recalls of products they may be using
 - vi. to notify a person who may have been exposed to communicable disease in order to control who may be at risk of contracting or spreading the disease
 - vii. to report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance
- c. Abuse, Neglect or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse or neglect.
- d. Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs and compliance with certain laws.
- e. Lawsuits and Other Legal Proceedings: We may also use and disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.
- f. Law Enforcement: Under certain conditions we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:
 - i. About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency
 - ii. To alert law enforcement of a death that we suspect was a result of criminal conduct
 - iii. Required by law
 - iv. In response to a court order, warrant, subpoena, summons, administrative agency request or other authorized process
 - v. To identify or locate a suspect, fugitive, material witness or missing person
 - vi. About a crime or suspected crime committed at our office

- vii. In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime
 - g. Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.
 - h. Organ and Tissue Donation: If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye or tissue donation and transplantation.
 - i. Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.
 - j. To avert a Serious Threat to Health or Safety: We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to prevent the threat.
 - k. Specialized Government Functions: Under certain circumstances we may disclose PHI: for certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities (for national security and intelligence activities, to help provide protective services for the president and others, for the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health related to corrections facilities).
 - l. Disclosure required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (those requests are described in the next Section of this Notice).
- VI. Other Uses and Disclosures of Protected Health Information Require Your Authorization
- a. Worker's Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work related injuries or illness. All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.
- VII. Your Rights Regarding Protected Health Information About You. Under federal law, you have the following rights regarding PHI about you:
- a. The Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. We are not required to agree to your request. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where information is needed to treat you in case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official, which must be signed by the patient (or parent/guardian if the patient is a minor) and dated. In your request, please include:
 - i. the information you want to restrict
 - ii. how you want to restrict the information
 - iii. to whom you want those restrictions to apply
 - b. Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to the Privacy Official, which must be signed by the patient (or parent/guardian if the patient is a

minor) and dated. You must specify how you would like to be contacted. We are required to accommodate reasonable requests.

- c. Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include information gathered or prepared for a civil, criminal or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy your PHI please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for copying, postage, labor and supplies used in meeting your request.
- d. Right to Amend: You have the right to request that we amend your PHI as long as such information is kept by or for our office. To make this type of request you must submit your request in writing to our Privacy Official, which must be signed by the patient (or parent/guardian if the patient is a minor) and dated. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.
- e. Right to Receive an Accounting of Disclosures: You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years other than disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative, or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before April 14, 2003. If you wish to make such a request, please contact our Privacy Official identified at the end of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.
- f. Right to Paper Copy of this Notice: You have the right to receive a paper copy of this notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Official listed at the end of this Notice.

VIII. Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complain with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

IX. Questions. If you have any questions about this Notice, please contact our Privacy Official at the address and number listed below.

X. Privacy Official Contact Information:

You may contact our Privacy Official at the following address and phone number:

The Ohio Center for Oral, Facial & Implant Surgery
1575 Cross Creeks Blvd.
Pickerington, Ohio 43147
Phone: 614-751-7500
Fax: 614-322-7900