

NOTICE OF PRIVACY POLICIES

The information provided illustrates the manner your protected health information could be accessed and released and what you need to know about this process. This important document should be reviewed thoroughly. Managing the privacy of your protected health information is extremely important to Dr. Wheatley and the staff at Tecumseh Ridge Dental.

Dr. Wheatley's Legal Responsibilities: As mandated by Federal and State legal requirements, your protected health information must be protected. As part of these regulations we are required to ensure you are aware of policies, legal duties and your rights to your protected health information. This notice of privacy policies, outlined below, will be in effect for the duration and must be followed by our practice. This notice will be in effect until it is replaced and becomes effective April 1, 2019.

We reserve the right to modify our privacy policies and the terms of this notice at any time, and will make such modifications within the guidelines of the law. We reserve the right to make the modifications effective for all protected health information that we maintain, including protected health information we created or received before the changes were made. Changing this notice will precede all significant modifications. This notice will be available upon request.

Copies of this notice are available at your request. For your convenience, information regarding how you can contact us is at the bottom of this notice.

PROTECTED HEALTH INFORMATION USE AND DISCLOSURE

Information regarding your health may be used and disclosed for the purpose of treatment, payment and other healthcare operations. Examples cited below further explain the use and disclosure process.

Treatment: Use and disclosure of your protected health information may be provided to a physician or other healthcare providers providing treatment for you.

Payment: Your protected health information may be used and disclosed to obtain payment for services provided to you.

Healthcare Processes: We may use and disclose your protected healthcare information in relations with our healthcare process. These processes include an assessment, improvement activities, reviewing the competence or qualification of healthcare professionals, provider performances and evaluating practitioner, conducting training programs, accreditation, certification, licensing or credentialing activities.



Your authorization: At any time you may provide in writing your authorization for use and disclosure of protected health information for any purpose. You may choose to revoke your written permission at any time. The revocation must be in writing. If you revoke your written authorization it will not affect any use or disclosure prior to revocation.

Your protected healthcare information may be used and disclosed to you, as described in the patient rights section of this notice. In addition, your protected health information may be used and disclosed to a family member, friend, or other person to the extent necessary to assist you with your healthcare, but only with your authorization.

Person involved in Care: In order to accommodate the notification of your location, your general condition, or death, your protected health information may be used or disclosed to a family member, your personal representative or another person involved in your care. If you are present and wish to object to such disclosures of your protected health information, you may do so. To the extent you are incapacitated or emergency circumstances exist, we will disclose protected health information using our professional judgement disclosing only protected health information that are directly relevant to the person's involvement in your healthcare. We will use our professional judgement and our practices to make reasonable inference of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information.

Marketing Health-Related Services: The use of your protected health information for the purpose of marketing communications is prohibited without your written authorization.

Appointment Reminders, Treatment Alternatives and Health-Related Benefits and Services: We may use and disclose your health information to provide you with appointment reminders (such as voicemails, postcards, letters, e-mails or other similar mobile device communications). We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services, such as disease awareness or case management that may be of interest to you.

Patient-Related Communications: We may use or disclose your health information to provide patient-related communications such as intraoral photography and telephoned-in prescriptions.

We may use your health information and share it with others in order to comply with the law or meet important public needs described below.

Required by Law: Your protected health information may be used or disclosed if required by law.



Public Health Activities: We may disclose your health information to authorized public health officials so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability. **Health Oversight Activities:** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections, as well as civil, administrative or criminal investigations, proceedings, or actions. This includes those agencies that monitor programs such as Medicaid.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

Lawsuits and Disputes: We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your health information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure.

Law Enforcement: We may disclose your health information to law enforcement officials for certain reasons including to comply with court orders or laws that we are required to follow, and to assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person.

Abuse or Neglect: As required by law, if we have reason to believe that you are the victim of possible abuse, neglect or domestic violence or other possible crimes, your protected health information may be disclosed to the appropriate authorities. If we have reason to believe the use or disclosure of your protected health information will prevent a serious threat to your health or safety, or the health or safety of others, we may have to provide the necessary protected health information.

National Security: Under some circumstances the military may require disclosure of healthcare information for armed forces personnel. For the purpose of national securities activities, lawful intelligence, counterintelligence, and other national security activities to authorized federal authorities. We may also disclose to military authorities the health information of Armed Forces personnel under certain circumstances. If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined.



Coroners, Medical Examiners and Funeral Directors: In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties, and to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under the law.

REQUIREMENT FOR WRITTEN AUTHORIZATION

We may use your health information for treatment, payment, health care operations or other purposes described in this Notice. You may also give us written authorization to use your health information or to disclose it to anyone for any purpose. We cannot use or disclose your health information for any reason except those described in this Notice unless you give us written authorization to do so. For example, we require your written authorization for uses and disclosures of health information for marketing purposes, and disclosures that constitute a sale of your health information. Marketing is a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. You may obtain a form to revoke your authorization by using the contact information listed at the end of this Notice. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

Access: You have the right to inspect or obtain copies of your health information, with limited exceptions. If we maintain your health information in electronic format, you have the right to obtain a copy of your health information in the form and format you request if the information is readily produced in that format, or, if not, a mutually agreeable alternative format. You also have the right to direct us to send a copy of your health information to a third party you clearly designate. We may charge you a reasonable, cost-based fee to cover copy costs and postage. If you request a copy of your electronic health information, we will not charge you any more than our labor costs in preparing the materials. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will ordinarily respond to your request within 30 days. If we need additional time to respond, we will let you know as soon as possible. If you are denied access to your health information, you are entitled to a review by a healthcare professional, designated by us, who was not involved in the decision to deny access. If access is ultimately denied, you will be entitled to a written explanation of the reasons for the denial.



Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information over the last 6 years or such shorter time as you may specify. That accounting will not include certain disclosures, in accordance with federal law, including disclosures made for the purposes of treatment, payment, or health care operations. You may obtain a form to request a disclosure accounting by using the contact information listed at the end of this Notice. We will ordinarily respond to your request within 60 days. If we need additional time to respond, we will let you know as soon as possible. You will receive one disclosure accounting annually free of charge, but we may charge you a reasonable, cost-based fee for additional accountings within the same twelve-month period. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices, please contact:

Andrew Wheatley, DDS at Tecumseh Ridge Dental
3924 W. Tecumseh Rd.
Norman, OK 73072
(405) 857-6453

For more information about HIPAA or to file a complaint:
The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll-free)