

KENTUCKY ORAL SURGERY & DENTAL IMPLANT CENTER

NOTICE OF PRIVACY PRACTICES

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

Kentucky Oral Surgery & Dental Implant Center is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

This Notice describes how we may use or disclose your “protected health information” for various purposes. It also describes your rights to access and control your protected health information. “Protected health information” is information about you that may identify you and relates to your past, present or future physical or mental health or condition and related health services.

Kentucky Oral Surgery & Dental Implant Center is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices.

We may use and disclose your medical records for treatment, payment and health care operations:

Treatment: Your protected health information may be used as a means in providing, coordination, or managing health care and related services by one or more health care providers.

Payment: Your protected health information may be used as a means to obtain payment for services we provide you, confirming coverage, billing or collection activities, and utilization review. We may share your information with a person who is involved in payment for your care.

Health care operations: We may use and disclose your protected health information in relations with our healthcare processes. This includes an assessment, improvement activities, reviewing the competence or qualifications of healthcare professionals, provider performance and evaluations, conducting training programs, accreditation, certifications, licensing or credentialing activities.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use a sign-in sheet at the registration desk where you will be asked to sign your name, indicate physician you are seeing and give other necessary information. The sign-in sheet will not display medical information that is not necessary for the purpose of signing in. We may also call you by name in the waiting room when your physician is ready to see you.

We may disclose health information to our business associates that perform various activities (e.g., billing, transcription services) for the practice. We will have a written contract with these business associates that contains terms that will protect the privacy of your protected health information.

When appropriate, we may share protected health information with a person who is involved in your care or payment for your care.

Special situations when protected health information may be disclosed without your consent or authorization:

Required By Law: The use or disclosure will be made in compliance with the law and will be limited to relevant requirements of the law.

Public Health: We may disclose protected health information to a public health authority that is permitted by law to collect or receive the information for the purpose of controlling disease, injury or disability.

Communicable Diseases: We may disclose protected health information, as authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose your protected health information to public officials who are authorized by law to receive reports of abuse, neglect or domestic violence.

Food and Drug Administration: We may disclose your protected health care information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in response to a court order and in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose protected health information for legal processes, requests for limited information for identification and locations purposes, request pertaining to victims of a crime, and alerting law enforcement officials when a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may use or disclose protected health information for identification purposes, determining cause of death or other duties authorized by law.

Research: We may disclose protected health information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Threatening Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe this is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public.

Military Activity and National Security: When appropriate conditions apply, we may disclose protected health information of individuals who are Armed Forces personnel. Disclosure may be made to authorize federal officials for conducting national security and intelligence activities.

Workers Compensation: We may disclose protected health information to comply with worker's compensation laws and other similar legally established programs.

Data Breach Notification: We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

Required Uses and Disclosures: Under the law, we must make disclosures to you in most circumstances and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy standards applicable to your protected health information.

Your protected health information will not be sold or used for marketing purposes.

Any other uses and disclosures not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Patient Rights

You have the following rights regarding your protected health information that (except as noted below) you can exercise by presenting a written request to a Privacy Officer:

Restrictions:

You have the right to request restrictions on certain uses and disclosures of protected health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care. We are not required to agree to the request. If we agree, we will comply unless the information is needed to provide you with emergency treatment.

Alternate Communications:

Your rights include the instruction to request how we communicate with you. Your request must be in writing and can spell out other ways or locations which we can use your protected health information.

Amendment:

You have the right to ask that we amend your protected health information. Included in the amendment must be an explanation why information should be amended. Certain conditions may exist where we may reject your request.

Breach of Information:

You have the right to be notified upon a breach of any of your unsecured protected health information.

Withholding Disclosure of Information:

You have the right to ask that your protected health information not be disclosed to a health plan for purposes of payment or health care operations if you paid out-of-pocket for a specific item or service.

Copy of Protected Health Information

You have the right to ask to see and get a copy of your protected health information. The request for a copy of your protected health information must be made in writing to our Medical Records Department. If your protected health information is maintained in an electronic format (know as an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format.

Accessibility of Information

You have the right to ask for a list of those getting your protected health information from us. The list will not cover your protected health information that we have provided either you or your personal representative, what was given out for law enforcement purposes, or that was given out for the purpose of treatment, payment, or health care operations.

The right to obtain a paper copy of this notice from us upon request.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, or if you want additional information about our privacy practices or this notice, contact our Compliance Officer Penny Boone at (502) 361-0134, 4515 Churchman Avenue, Louisville, KY 40215. All complaints must be made in writing. You will not be penalized for filing a complaint.

This notice is effective as of September 23, 2013.