

COASTAL ORAL AND MAXILLOFACIAL SURGERY

NOTICE OF PRIVACY PRACTICES/HIPAA

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

OUR LEGAL DUTIES

We are required by law to maintain the privacy of your protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We will follow the privacy practices that are described in this notice.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law, and to make new notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this notice, provide the new notice at our practice location, and we will provide copies of the new notice upon request.

You may request a copy of this notice at any time. For more information about our privacy practices and to view the complete notice, please see our website or ask our front desk for a copy that you may read and take with you.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may disclose your health information for different purposes, including treatment, payment, and if you have a POA, legal guardian or patient advocate that we need to discuss care with. For each of these categories, we have provided a description and an example upon request.

Some information, such as HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

Patient's signature/POA/Legal Guardian

Date/Time

Treatment

We may need to disclose or discuss your health information with another physician in order to properly treat you. For example, we may need to discuss your treatment with a medical or dental specialist, primary care doctor or general dentist in order to provide high quality treatment to you.

Payment

We may be required to provide your diagnosis and treatment to an insurance company to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

Individuals Involved in Your Care or Payment for Your Care

We may disclose your health information to your power of attorney, family members or any other individual identified by you when they participate in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative or advocate with your permission. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Required by Law

We may use or disclose your health information when we are required to do so by law.

Public Health Activities

We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury, or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;
- Notify a person who may have been exposed to a disease or condition; or

- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

National Security and Law Enforcement

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose protected health information to correctional institutions or law enforcement officials having lawful custody of an inmate or patient.

Secretary of the U.S. Department of Health and Human Services

We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Workers' Compensation

We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Judicial and Administrative Proceedings

If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to notify you or to obtain an order protecting the information.

Research

We may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors

We may release health information to a coroner or medical examiner for purposes such as identifying a deceased person or determining the cause of death. We may also disclose health information to funeral directors as permitted by law.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of protected health information for marketing purposes, and for the sale of protected health information.

We will also obtain your written authorization before using or disclosing your protected health information for purposes other than those provided for in this Notice or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your protected health information, except to the extent that we have already acted in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your protected health information:

Access. You have the right to obtain copies of your health information, with limited exceptions. You must make your request in writing and we will provide you with a photocopy of your chart. We may charge a reasonable, cost-based fee for copying, supplies, labor, and postage.

Accounting of Disclosures. With certain exceptions, you have the right to receive an accounting of disclosures of your health information. Requests must be made in **writing**. If you request an accounting more than once in a 12-month period, we may charge a reasonable, cost-based fee.

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your protected health information. Requests must be in writing and specify what information you want to limit, whether you want to limit use or disclosure or both, and to whom the restrictions apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations and the information pertains solely to a health care item or service for which you, or a person on your behalf, has paid us in full.

Alternative Communications. You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. Requests must be made in writing. We will accommodate reasonable requests.

Amendment. You have the right to request that we amend your health information. Requests must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

Right to Notification of a Breach. You have the right to receive notification of a breach of unsecured protected health information.

Electronic Notice. You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically or view it on our website.

QUESTIONS AND COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, please contact us at 609-927-9090. You may also contact the U.S. Department of Health and Human Services.

Important Note

This Notice describes privacy practices required under federal law. Certain state laws may provide additional protections for health information. If you have questions about this Notice, please ask our staff.