

SOUTHWEST ORAL & MAXILLOFACIAL SURGERY, P.A.

NOTICE OF PRIVACY PRACTICES

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!

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

OUR LEGAL DUTY

Federal and state law requires us to maintain the privacy of your health information. That law also requires us to give you this notice about our privacy practices, our legal duties and your rights concerning your health information and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices we describe in this notice while it is in effect. This notice takes effect September 23, 2013, and will remain in effect until we replace it.

We reserve the right to make changes, amend, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding our notice effective for all health information that we maintain, including health information we created or received before we made the changes, provided applicable law permits the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us using the information at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and health care operations. For example:

Treatment: We may use your health information for treatment or disclose it to a dentist, physician or other health care provider providing treatment for you.

Payment: We may use and disclose your health information to obtain payment for services we provide for you. Payment activities include billing, collections, claims management, and determination of eligibility and coverage to obtain payment from you, an insurance company or another third party. We may also disclose your health information to another health care provider or entity that is subject to the federal Privacy Rules for its payment activities.

Health Care Operations: We may use and disclose your health information for our health care operations. Health care operations include quality assessment and improve activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. We may disclose your health information to another health care provider or organization that is subject to the federal privacy rules and that has a relationship with you to support some of their health care operations. We may disclose your information to help these

organizations conduct quality assessment and improvement activities, review the competence or qualifications of health care professionals, or detect or prevent health care fraud and abuse.

On Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in affect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. Before we disclose your health information to these people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, incapacitated, or in an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We may use our professional judgment and our experience with common practice to make reasonable interferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of health information. Additionally, we may disclose information about you to a patient representative. 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. Unless you object, we may use or disclose information about you to notify or assist in notifying a family member, personal representative or other person involved in your care, of your location and general condition or death.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters.)

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in a disaster relief effort.

Public Benefit: We may use your medical information as authorized by law for the following purposes deemed to be in the public interest of benefit:

- as required by law and to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA; or
- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight and to employers regarding work-related illness or injury;
- to report adult abuse, neglect or domestic violence;
- to health oversight agencies for activities authorized by law such as audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws;
- in response to court and administrative orders and other lawful processes, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested;
- to law enforcement officials pursuant to “subpoenas” and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners and funeral directors or to organ procurement organizations consistent with applicable laws
- to contact you to provide you with information about our sponsored activities, including fundraising programs, treatment alternatives or with information about other health-related benefits and services that may be of interest to you, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications;
- to avert a serious threat to health or safety; or to notify a person of a recall, repair or replacement of products or devices, report reactions to medications or problems with products or devices, or to notify a person who may have been exposed to a disease or condition;
- in connection with certain research activities;
- to military and to federal officials for lawful intelligence, counterintelligence and national security activities or to specialized government functions as authorized by law;
- to correctional institutions regarding inmates; and;
- as authorized by state worker’s compensation laws.

PATIENT RIGHTS

Access: The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in an alternate format or made by alternate means or location. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may request access by sending us a letter to the address at the end of this notice. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

**If you request copies, we will charge you a reasonable cost-based fee that may include labor, copying costs, and postage. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we may--but are not required to--prepare a summary or an explanation of your health information for a fee. Contact us using information listed at the end of this notice for more information about fees.

Disclosure Accounting: With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information over the last six (6) years in accordance with applicable laws and regulations. That accounting will not include internal uses of information for treatment, payment or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for more information about fees.

Restrictions: You have the right to request that we place additional restrictions on our use or disclose of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement except in an emergency. Any agreement we may make to a request for additional restrictions must be in writing and must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply and must be signed by a person authorized to make such an agreement on our behalf. Your request is not binding unless our agreement is in writing. You have the right to request a restriction on disclosures of medical information to a health plan for purposes of carrying out payment or health care operations; if the patient health information pertains solely to a health care service for which the provider has been paid out of pocket in full.

Amendments and Revocations: You have the right to request that we amend your health information. Your request must be in writing and it must explain why we should amend the information. We may deny your request under certain circumstances. You have the right to file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information. You have the right to revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken. This revocation must be delivered to our office in writing.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payment will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Right to Notification of a Breach: You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice: You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our website or by electronic mail (email).

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices) or have questions or concerns, please contact us using the information listed at the end of this notice. If you believe that:

- we may have violated your privacy rights;
- we made a decision about access to your health information incorrectly,
- our response to a request made to amend or restrict the use or disclosure of your health information was incorrect, or
- we should communicate with you by alternative means or at alternative locations,

you may contact us using the information listed below. You may also submit a written complaint to the U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202, 800-368-1019, fax 214-767-0432. We support your right to the privacy of your health information. We will not retaliate in any way should you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

SOUTHWEST ORAL & MAXILLOFACIAL SURGERY, P.A.

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