



GREEN HILLS ORAL & MAXILLOFACIAL SURGERY, PLLC

DR. MARK ADAMIAK

NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of our patient 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 individual following a breach of unsecured protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 03-01-2013 and will remain in effect until we replace it.

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 and post the new notice clearly and prominently at our practice location, and we will provide copies of the new notice 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 the notice please contact using the information listed at the end of this notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV- related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidential 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.

TREATMENT. We may use and disclose your health information for your treatment. For example, we may disclose your health information to specialist providing treatment to you.

PAYMENT. We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities including 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.



HEALTHCARE OPERATIONS. We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conduction training programs, and licensing activities.

INDIVIDUALS INVOLVED IN YOUR CARE OF PAYMENT FOR YOUR CARE. We may disclose your health information to your family of friends, or any other individual identified by you when they are involved in your care or in the payment for you care. Additionally, we may disclose information about you to patient's 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.

DISATER RELEIF. We may use or disclose your health information to assist in disaster relief efforts.

REQUIRED BY LAW. We may use or disclose your health information when we are required by law.

PUBLIC HEALTH ACTIIVITES. 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
- We may use or disclose your health information to assist in disaster relief efforts
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Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

NATIONAL SECURITY. We may disclose to military authorities the health information of Armed Forces personal under certain circumstances. We may disclose to authorized federal official's health information required by lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

SECRETARY OF HHS. 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.

WORKER'S COMPENSTAION. We may disclose you PHI to the extent authorized by and to the extent necessary to comply with laws relation to worker's compensation or other similar programs established by law.



LAW ENFORCEMENT. We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

HEALTH OVERSIGHT ACTIVITIES. We may disclose your PHI to and oversight agency for activities authorized by law. These oversights include audits, investigations, inspections, and credentialing, as necessary licensure and for government to monitor the health care system, government programs, and compliance with civil rights.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS. If you are involved in lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or obtain an order protection the information requested.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS. We may release your PHI to a coroner or medical examiner. This may be necessary, for example to identify a deceased person or determine person or determined the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry our duties.

YOUR HEALTH INFORMATION RIGHTS

ACCESS. You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying and for postage if you want copies mailed to you. Contact us using the information listed at the end of this notice for an explanation of our fee structure. If you are denied a request for access, you have the right to have the denial reviewed.

DISCLOSURE ACCOUNTING. With the exception of certain disclosure, you have the right to receive an accounting of disclosures of your health information in accordance with applicable law and regulations. To request an accounting of disclosures of your health information you must submit your request in writing to the Privacy Official. If you request this more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional request.

RIGHT TO REQUEST A RESTRICTION. You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure of both (3) to whom you want the limits apply. **We are not**



required to agree to your request except the case where the disclosure is to a health plan purposes of carrying out payment or health care operations, and the information pertains solely to a health care item of service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

ALTERNATIVE COMMUNICATION. You have the right to request that we communicate with you about your health information by alternative means or alternative locations. You must make your request in writing. Your request must specify the alternative means or location accommodate all reasonable requests. However, if we are unable to contact you using the ways of locations you have request, we may contact you using the information we have.

AMENDMENT. You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of when we denied it and explain your rights.

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 by mail.

QUESTIONS AND COMPLAINTS. If you want more information about our privacy or have questions or concerns, please contact our office at 615.385-1644.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of the notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with U.S. Department of Health and Human Services.