

OREGON DENTAL ANESTHESIA

NOTICE OF PRIVACY PRACTICES

AUGUST 2018

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED. *PLEASE REVIEW THIS DOCUMENT CAREFULLY.*

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OREGON DENTAL ANESTHESIA DIRECTLY.

WE TAKE OUR RESPONSIBILITY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION VERY SERIOUSLY. WE VALUE YOUR TRUST AS AN IMPORTANT PART OF OUR ABILITY TO PROVIDE YOU WITH QUALITY CARE. WE ARE DEDICATED TO SUPPORTING YOUR RIGHT TO A CONFIDENTIAL RELATIONSHIP WITH OREGON DENTAL ANESTHESIA.

THIS NOTICE IS INTENDED TO INFORM YOU OF HOW WE PROTECT, USE, AND DISCLOSE YOUR INFORMATION, AS WELL AS TO EXPLAIN YOUR RIGHT TO CONTROL THESE DISCLOSURES.

YOUR HEALTH INFORMATION

WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR PERMISSION FOR THE FOLLOWING PURPOSES:

1. WE MAY DISCLOSE YOUR INFORMATION FOR TREATMENT PURPOSES AND TO COORDINATE YOUR MEDICAL CARE.
2. WE MAY DISCLOSE YOUR INFORMATION INTERNALLY TO ENHANCE THE OPERATION OF OUR PRACTICE. THIS INCLUDES OUR COMMITMENT TO REVIEWING THE QUALITY OF CARE WE PROVIDE.
3. WE MAY DISCLOSE YOUR INFORMATION TO COMPLY WITH A LIMITED NUMBER OF LEGAL REQUIREMENTS, AS OUTLINED IN THIS NOTICE.

ADDITIONAL INFORMATION REGARDING EACH OF THESE DISCLOSURES IS PROVIDED IN THIS NOTICE. IN ANY CASE, WE WILL ONLY DISCLOSE THE MINIMUM AMOUNT OF INFORMATION NECESSARY FOR THE PURPOSE IT WAS REQUESTED.

OUR DUTIES

WE ARE REQUIRED BY LAW TO KEEP YOUR INFORMATION PRIVATE. WE MUST ALSO PROVIDE YOU WITH THIS NOTICE AND ABIDE BY ITS TERMS. WE MAY NEED TO REVISE OUR PRIVACY PRACTICES FROM TIME TO TIME. WE EXPRESSLY RESERVE THE RIGHT TO CHANGE THE TERMS OF OUR NOTICE OF PRIVACY PRACTICES AND TO MAKE THE NEW TERMS EFFECTIVE FOR ALL INFORMATION COVERED BY THIS NOTICE. IF SUCH CHANGES OCCUR, WE WILL LET YOU KNOW ABOUT THE NEW TERMS BY PROVIDING A COPY OF THE CHANGES.

YOUR PRIVACY RIGHTS

PLEASE NOTE THAT YOU ARE ENTITLED TO VERY SPECIFIC RIGHTS REGARDING THE USE AND DISCLOSURE OF YOUR INFORMATION. WE HAVE LISTED YOUR RIGHTS AS FOLLOWS:

A. RIGHT TO INSPECT AND COPY

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR HEALTH INFORMATION, SUCH AS HEALTHCARE RECORDS AND BILLING RECORDS. YOU MUST SUBMIT A WRITTEN REQUEST TO OREGON DENTAL ANESTHESIA IN ORDER TO INSPECT AND/OR COPY YOUR INFORMATION. IF YOU REQUEST A COPY OF YOUR INFORMATION, WE MAY CHARGE A FEE FOR THE COST OF COPYING, MAILING, OR OTHER

ASSOCIATED SUPPLIES. YOU MAY ALSO CHOOSE TO RECEIVE A COPY OF YOUR HEALTH INFORMATION IN A SECURED ELECTRONIC FORM.

WE MAY DENY YOUR REQUEST TO INSPECT AND/OR COPY INFORMATION IN CERTAIN LIMITED CIRCUMSTANCES. IF YOU ARE DENIED ACCESS TO YOUR HEALTH INFORMATION, YOU CAN ASK THAT THE DENIAL BE REVIEWED. IF THE LAW REQUIRES SUCH A REVIEW, WE WILL SELECT AN OUTSIDE LICENSED HEALTHCARE PROFESSIONAL TO REVIEW YOUR REQUEST AND OUR DENIAL AT A SHARED EXPENSE. THE PERSON CONDUCTING THE REVIEW WILL NOT BE THE PERSON WHO DENIED YOUR REQUEST AND WE WILL COMPLY WITH THE OUTCOME OF THE REVIEW.

B. RIGHT TO AMEND

IF YOU BELIEVE OUR RECORDS CONTAIN ERRORS, YOU MAY MAKE A WRITTEN REQUEST THAT THEY BE AMENDED. WE DO NOT ALTER HEALTHCARE RELATED RECORDS UNDER ANY CIRCUMSTANCE. WE RESERVE THE RIGHT TO REVIEW YOUR REQUEST AND CAN DECLINE TO AMEND THE RECORD. WE ARE REQUIRED TO PLACE A COPY OF YOUR PROPOSED AMENDMENT IN THE RECORD, EVEN WHEN WE DO NOT AGREE TO AMEND THE RECORD ITSELF.

WE MAY DENY YOUR REQUEST FOR AN AMENDMENT IF WE DID NOT CREATE THE INFORMATION, UNLESS THE PERSON OR ENTITY THAT CREATED THE INFORMATION IS NO LONGER AVAILABLE TO MAKE THE AMENDMENT.

C. RIGHT TO REQUEST RESTRICTIONS

YOU HAVE THE RIGHT TO REQUEST RESTRICTIONS ON THE USE AND DISCLOSURE OF YOUR INFORMATION. WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST. IF WE DO AGREE, WE WILL COMPLY TO THE BEST OF OUR ABILITY UNLESS THE INFORMATION IS NEEDED TO PROVIDE YOU WITH EMERGENCY TREATMENT. TO REQUEST RESTRICTIONS, YOU MAY COMPLETE AND SUBMIT A REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF INFORMATION TO OREGON DENTAL ANESTHESIA.

D. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

YOU HAVE THE RIGHT TO REQUEST THAT WE COMMUNICATE WITH YOU ABOUT HEALTHCARE MATTERS IN A CERTAIN WAY. FOR EXAMPLE, YOU CAN REQUEST THAT WE ONLY CONTACT YOU AT WORK OR BY MAIL.

TO REQUEST CONFIDENTIAL COMMUNICATIONS, YOU MUST DO SO IN WRITING WITH DETAILED INSTRUCTIONS AS TO THE METHOD OF CONTACT. WE WILL NOT ASK THE REASON FOR YOUR REQUEST. WE WILL ACCOMMODATE ALL REASONABLE REQUESTS. YOUR REQUEST MUST SPECIFY HOW OR WHERE YOU WISH TO BE CONTACTED.

E. RIGHT TO A PAPER COPY OF THIS NOTICE

YOU HAVE THE RIGHT TO A PAPER COPY OF THIS NOTICE. YOU MAY ASK US TO GIVE YOU A COPY OF THIS NOTICE AT ANY TIME. EVEN IF YOU HAVE AGREED TO RECEIVE IT ELECTRONICALLY, YOU ARE STILL ENTITLED TO A PAPER COPY. TO OBTAIN SUCH A COPY, CONTACT OREGON DENTAL ANESTHESIA DIRECTLY.

F. RIGHT TO AN ACCOUNTING OF DISCLOSURES

YOU HAVE THE RIGHT TO REQUEST AN "ACCOUNTING OF DISCLOSURES." THIS IS A LIST OF THE DISCLOSURES WE MADE OF HEALTH INFORMATION ABOUT YOU FOR PURPOSES OTHER THAN TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS.

TO OBTAIN THIS LIST, YOU MUST SUBMIT YOUR REQUEST IN WRITING TO OREGON DENTAL ANESTHESIA. IT MUST STATE A TIME PERIOD, WHICH MAY NOT BE LONGER THAN SIX (6) YEARS FROM THE CURRENT

DATE. YOUR REQUEST SHOULD INDICATE IN WHAT FORMAT YOU WANT THE LIST (FOR EXAMPLE, ON PAPER OR ELECTRONICALLY).

THE FIRST LIST YOU REQUEST WITHIN A 12-MONTH PERIOD WILL BE FREE. FOR ADDITIONAL LISTS, WE MAY CHARGE YOU FOR THE COSTS OF PROVIDING THE LIST. WE WILL NOTIFY YOU OF THE COST INVOLVED AND YOU MAY CHOOSE WHETHER TO WITHDRAW OR MODIFY YOUR REQUEST AT THAT TIME BEFORE ANY COSTS ARE INCURRED.

G. COMPLAINTS AND INVESTIGATIONS

WE HAVE DEVELOPED PROCEDURES FOR INVESTIGATING ANY COMPLAINTS OR CONCERNS YOU MAY HAVE REGARDING OUR USE AND DISCLOSURE OF YOUR INFORMATION OR ANY OTHER COMPLAINT YOU MAY HAVE REGARDING OUR SERVICES. THE LAW ALLOWS YOU TO CONTACT THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WITH COMPLAINTS OUR USE AND DISCLOSURE OF INFORMATION.

YOU MAY ALSO CONTACT OREGON DENTAL ANESTHESIA DIRECTLY. WE ARE DEDICATED TO INVESTIGATING COMPLAINTS REGARDING THE USE AND DISCLOSURE OF INFORMATION IN OUR CARE. WE WILL NOT, AND LEGALLY CANNOT, RETALIATE AGAINST YOU FOR ANY COMPLAINT.

H. TYPES OF USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

WE MAY DISCLOSE YOUR INFORMATION FOR THE FOLLOWING PURPOSES WITHOUT YOUR CONSENT:

1. FOR TREATMENT PURPOSES

WE MAY DISCLOSE INFORMATION NEEDED FOR THE PROVISION, COORDINATION, OR MANAGEMENT OF HEALTHCARE AND RELATED SERVICES, INCLUDING THE COORDINATION BETWEEN OUR OFFICE AND A THIRD PARTY, SUCH AS A CONSULTATION BETWEEN MEDICAL PROVIDERS OR A REFERRAL FROM OUR OFFICE TO ANOTHER PROVIDER. PERSONNEL OF OREGON DENTAL ANESTHESIA MAY SHARE INFORMATION ABOUT YOU AND DISCLOSE INFORMATION TO PEOPLE WHO DO NOT WORK IN OUR OFFICE IN ORDER TO COORDINATE YOUR CARE, SUCH AS PHONING IN PRESCRIPTIONS TO YOUR PHARMACY, SCHEDULING NEEDED LAB WORK, AND REQUESTING MEDICAL CONSULTS FROM ANY OF YOUR OTHER PROVIDERS. FAMILY MEMBERS AND OTHER HEALTHCARE PROVIDERS MAY BE PART OF YOUR CARE OUTSIDE OF THE OPERATIONS OF OREGON DENTAL ANESTHESIA AND MAY REQUIRE INFORMATION ABOUT YOU THAT WE HAVE.

2. FOR HEALTHCARE OPERATIONS

WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU IN ORDER OPERATE ADDITIONAL HEALTHCARE OPERATIONS WHICH MAY INCLUDE:

- QUALITY ASSESSMENT AND IMPROVEMENT ACTIVITIES.
- REVIEWING THE COMPETENCE OR QUALIFICATIONS OF HEALTHCARE PROFESSIONALS OR EVALUATING PRACTITIONER AND PROVIDER PERFORMANCE.
- CONDUCTING TRAINING PROGRAMS, ACCREDITATION, CERTIFICATION, LICENSING, OR CREDENTIALING ACTIVITIES.
- ARRANGING FOR OR CONDUCTING REVIEWS, LEGAL SERVICES OR AUDITING FUNCTIONS, INCLUDING FRAUD AND ABUSE DETECTION AND COMPLIANCE PROGRAMS.
- MANAGING AND OPERATING OREGON DENTAL ANESTHESIA, INCLUDING ACTIVITIES SUCH AS CUSTOMER SERVICE AND COMPLAINT RESOLUTION.

3. APPOINTMENT REMINDERS

WE MAY CONTACT YOU (VIA VOICEMAIL MESSAGES, POSTCARDS, OR LETTERS) AS A REMINDER THAT YOU HAVE AN APPOINTMENT FOR YOUR TREATMENT OR ANESTHESIA.

4. TREATMENT ALTERNATIVES

WE MAY TELL YOU ABOUT OR RECOMMEND POSSIBLE TREATMENT OPTIONS OR ALTERNATIVES THAT MAY BE OF INTEREST TO YOU.

5. MARKETING HEALTH-RELATED SERVICES

WE WILL NOT USE YOUR HEALTH INFORMATION FOR MARKETING COMMUNICATIONS WITHOUT YOUR WRITTEN, PRIOR AUTHORIZATION. WE WILL NOT SELL YOUR PHI TO ANOTHER ORGANIZATION FOR MARKETING OR FOR ANY OTHER PURPOSE.

6. SPECIAL SITUATIONS

WE MAY USE OR DISCLOSE HEALTH INFORMATION WITHOUT YOUR PERMISSION FOR THE FOLLOWING PURPOSES, SUBJECT TO ALL APPLICABLE LEGAL REQUIREMENTS AND LIMITATIONS:

- TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY. WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WHEN NECESSARY TO PREVENT A SERIOUS THREAT TO YOUR HEALTH AND SAFETY OR THE HEALTH AND SAFETY OF THE PUBLIC OR ANOTHER PERSON.
- REQUIRED BY LAW. WE WILL DISCLOSE HEALTH INFORMATION ABOUT YOU WHEN REQUIRED TO DO SO BY FEDERAL, STATE, OR LOCAL LAW.
- RESEARCH. WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU FOR RESEARCH PROJECTS THAT ARE SUBJECT TO A SPECIAL APPROVAL PROCESS. WE WILL ASK YOU FOR YOUR WRITTEN PERMISSION IF THE RESEARCHER WILL HAVE ACCESS TO YOUR NAME, ADDRESS, OR OTHER INFORMATION THAT REVEALS WHO YOU ARE, OR WILL BE INVOLVED IN YOUR CARE.
- ORGAN AND TISSUE DONATION. IF YOU ARE AN ORGAN DONOR, WE MAY RELEASE HEALTH INFORMATION TO ORGANIZATIONS THAT HANDLE ORGAN PROCUREMENT OR ORGAN, EYE, OR TISSUE TRANSPLANTATION OR TO AN ORGAN DONATION BANK, AS NECESSARY TO FACILITATE SUCH DONATION AND TRANSPLANTATION.
- MILITARY, VETERANS, NATIONAL SECURITY, AND INTELLIGENCE. IF YOU ARE OR WERE A MEMBER OF THE ARMED FORCES, OR PART OF THE NATIONAL SECURITY OR INTELLIGENCE COMMUNITIES, WE MAY BE REQUIRED BY MILITARY COMMAND OR OTHER GOVERNMENT AUTHORITIES TO RELEASE HEALTH INFORMATION ABOUT YOU. WE MAY ALSO RELEASE INFORMATION ABOUT FOREIGN MILITARY PERSONNEL TO THE APPROPRIATE FOREIGN MILITARY AUTHORITY.
- WORKER'S COMPENSATION. WE MAY RELEASE HEALTH INFORMATION ABOUT YOU FOR WORKER'S COMPENSATION OR SIMILAR PROGRAMS. THESE PROGRAMS PROVIDE BENEFITS FOR WORK RELATED INJURIES OR ILLNESS.
- PUBLIC HEALTH RISKS. WE MAY DISCLOSE HEALTH INFORMATION ABOUT YOU FOR PUBLIC HEALTH REASONS IN ORDER TO PREVENT OR CONTROL DISEASE, INJURY, OR DISABILITY; OR REPORT BIRTHS, DEATHS, SUSPECTED ABUSE OR NEGLECT, NON-ACCIDENTAL PHYSICAL INJURIES, REACTIONS TO MEDICATIONS OR PROBLEMS WITH PRODUCTS.
- HEALTH OVERSIGHT ACTIVITIES. WE MAY DISCLOSE HEALTH INFORMATION TO A HEALTH OVERSIGHT AGENCY FOR AUDITS, INVESTIGATIONS, INSPECTIONS, OR LICENSING PURPOSES. THESE DISCLOSURES MAY BE NECESSARY FOR CERTAIN STATE AND FEDERAL AGENCIES TO MONITOR THE HEALTHCARE SYSTEM, GOVERNMENT PROGRAMS, AND COMPLIANCE WITH CIVIL RIGHTS LAWS.
- LAWSUITS AND DISPUTES. IF YOU ARE INVOLVED IN A LAWSUIT OR A DISPUTE, WE MAY DISCLOSE HEALTH INFORMATION ABOUT YOU IN RESPONSE TO A COURT OR ADMINISTRATIVE ORDER.

SUBJECT TO ALL APPLICABLE LEGAL REQUIREMENTS, WE MAY ALSO DISCLOSE HEALTH INFORMATION ABOUT YOU IN RESPONSE TO A SUBPOENA.

- LAW ENFORCEMENT. WE MAY RELEASE HEALTH INFORMATION IF ASKED TO DO SO BY A LAW ENFORCEMENT OFFICIAL IN RESPONSE TO A COURT ORDER, SUBPOENA, WARRANT, SUMMONS OR SIMILAR PROCESS, SUBJECT TO ALL APPLICABLE LEGAL REQUIREMENTS.
- CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS. WE MAY RELEASE HEALTH INFORMATION TO A CORONER OR MEDICAL EXAMINER. THIS MAY BE NECESSARY, FOR EXAMPLE, TO IDENTIFY A DECEASED PERSON OR TO DETERMINE THE CAUSE OF DEATH.
- INFORMATION NOT PERSONALLY IDENTIFIABLE. WE MAY USE OR DISCLOSE HEALTH INFORMATION ABOUT YOU IN A WAY THAT DOES NOT PERSONALLY IDENTIFY OR REVEAL WHO YOU ARE.
- FAMILY AND FRIENDS. WE MAY DISCLOSE HEALTH INFORMATION ABOUT YOU TO YOUR FAMILY MEMBERS OR FRIENDS IF WE OBTAIN YOUR VERBAL AGREEMENT TO DO SO OR IF WE GIVE YOU AN OPPORTUNITY TO OBJECT TO SUCH A DISCLOSURE AND YOU DO NOT RAISE AN OBJECTION. WE MAY ALSO DISCLOSE HEALTH INFORMATION TO YOUR FAMILY OR FRIENDS IF WE CAN INFER FROM THE CIRCUMSTANCES, BASED ON OUR PROFESSIONAL JUDGMENT, THAT YOU WOULD NOT OBJECT.
- DECEASED PERSON'S PHI. THIS MAY BE DISCLOSED BY OUR PRACTICE TO FAMILY, FRIENDS, OR OTHERS INVOLVED IN THE PERSON'S CARE OR PAYMENT FOR CARE, UNLESS OREGON DENTAL ANESTHESIA KNOWS THE DECEASED PREFERRED THAT CERTAIN PEOPLE NOT RECEIVE THE PHI. DISCLOSURES ARE LIMITED TO THE PHI DIRECTLY RELEVANT TO THE PERSON'S INVOLVEMENT.

FOR EXAMPLE, WE MAY ASSUME YOUR SPOUSE IS ACCEPTABLE TO DISCLOSE PHI TO IF THEY PRESENT WHILE YOUR CARE IS DISCUSSED.

IN SITUATIONS WHERE YOU ARE NOT CAPABLE OF GIVING CONSENT (BECAUSE YOU ARE NOT PRESENT DUE TO YOUR INCAPACITY OR A MEDICAL EMERGENCY), WE MAY, USING OUR PROFESSIONAL JUDGMENT, DETERMINE THAT A DISCLOSURE TO YOUR FAMILY MEMBER OR FRIEND IS IN YOUR BEST INTEREST. IN THAT SITUATION, WE WILL DISCLOSE ONLY HEALTH INFORMATION RELEVANT TO THAT PERSON'S INVOLVEMENT IN YOUR CARE.

I. OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

WE WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION FOR ANY PURPOSE OTHER THAN THOSE IDENTIFIED IN THE PREVIOUS SECTIONS WITHOUT YOUR SPECIFIC, WRITTEN AUTHORIZATION. WE MUST OBTAIN YOUR AUTHORIZATION SEPARATE FROM ANY CONSENT WE MAY HAVE OBTAINED FROM YOU. IF YOU REVOKE YOUR AUTHORIZATION, WE WILL NO LONGER USE OR DISCLOSE INFORMATION ABOUT YOU FOR THE REASONS COVERED BY YOUR WRITTEN AUTHORIZATION. HOWEVER, WE CANNOT TAKE BACK ANY USES OR DISCLOSURES ALREADY MADE WITH YOUR PERMISSION. YOU HAVE THE RIGHT TO BE NOTIFIED FOLLOWING A BREACH OF YOUR PHI BY OREGON DENTAL ANESTHESIA.

J. COMPLAINTS

IF YOU BELIEVE YOUR RIGHTS TO PRIVACY HAVE BEEN VIOLATED, YOU MAY FILE A COMPLAINT DIRECTLY WITH OREGON DENTAL ANESTHESIA DIRECTLY WITHOUT PENALTY OR WITH THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.