

## George A. Souris, DDS, MSD, Inc. Notice of Privacy Practices

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

### **UNDERSTANDING YOUR HEALTH INFORMATION**

We understand that the Medical/Dental information that is provided and recorded about you and your health is personal. The confidentiality and privacy of your health information is also protected under both state and federal law.

This Notice of Privacy Practices describes how this office may use and disclose your information and the rights you have regarding your health information.

### **HOW WE WILL USE OR DISCLOSE YOUR HEALTH INFORMATION**

**Treatment:** We will use your health information for treatment. For example, information obtained by the orthodontist or other members of your Dental healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your orthodontist will document in your record his or her expectations of the members of your Dental healthcare team. Members of your Dental healthcare team will then record the actions they took and their observations, so the orthodontist will know how you are responding to treatment. We may also provide your physician, or a subsequent healthcare provider, with copies of various reports that should assist him or her in treating you.

**Payment:** We will use your Dental/Health information for payment. For example, a bill may be sent to you or your Dental/ Health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis procedures, and supplies used.

**Health Care Operations:** We will use your Dental/ Health information for our regular health care operations. For example, we may use information in your Dental/ Health record to assess the care and outcome in your case and others like it. This information will then be used in a continued effort to improve the quality and effectiveness of the services we provide.

**BUSINESS ASSOCIATES:** We may enter into contracts with persons or entities know as business associates/subcontractors that provide services to or perform functions on our behalf. Examples include accountants, consultants, and attorneys. We may disclose your Dental/Health information to our business associates/subcontractors so they can perform the job we have asked them to do, once they have agreed in writing to safeguard your information.

**Notification:** We may use or disclose information to assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they

have provided to us, e.g., on an answering machine.

**Communication with Family:** We may disclose to a family member, other relative, close personal friend or any other person you identify, Dental/Health information relevant to that person's involvement in your care or payment related to your care. As a service to our clients we may provide important phone calls that use a prerecorded message, text, and/or email. By providing your personal cell phone and/or landline phone number, email address, or any social media channels you are consenting to receive such calls, texts, and emails at the number/address/channels you have provided to our office.

**Appointment Reminders/Dental/Health Benefits:** We may contact you to provide appointment reminders or information about treatment alternatives or other Dental/health benefits that may be of interest to you.

**Funeral Directors and Coroners:** We may disclose your health information to funeral directors, and to coroners or medical examiners, to carry out their duties consistent with applicable law.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose your Dental/health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Research:** We may disclose your Dental/Health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may also disclose your Dental/Health information to people preparing to conduct a research project, so long as the health information is not removed from us. We may also use and disclose your Dental/Health information to contact you about the possibility of enrolling in a research study.

**Fundraising:** We may contact you as part of our fundraising efforts; however, you may opt-out of receiving such communications.

**Food and Drug Administration (FDA):** We may disclose to the FDA Dental/health information relative to adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers' Compensation:** We may disclose Dental/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.

**Public Health Activities:** As required by law, we may disclose your Dental/health information to public health, or legal authorities, charged with preventing or controlling disease, injury, or disability.

**Health Oversight Activities:** We may disclose your Dental/Health information to

health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, Dental/Health information necessary for your health and the health and safety of other individuals.

**Judicial and Administrative Proceedings:** We may disclose your Dental/health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.

**Law Enforcement Purposes/Serious Threat to Health or Safety:** We may disclose your Dental/health information to enforcement officials for law enforcement purposes under certain circumstances and subject to certain conditions. We may also disclose your Dental/Health information to prevent or lessen a serious and imminent threat to a person or the public (when the disclosure is made to someone we believe can prevent or lessen the threat) or to identify or apprehend an escapee or violent criminal.

**Victims of Abuse, Neglect, and Domestic Violence:** In certain circumstances, we may disclose your Dental/Health information to appropriate government authorities if there are allegations of abuse, neglect, or domestic violence.

**Essential Government Functions:** We may disclose your Dental/Health information for certain essential government functions (e.g., military activity and for national security purposes).

The following uses and disclosures will be made only with your authorization: (i) with limited exceptions, uses and disclosures of your Dental/Health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your Dental/Health information; and (iii) other uses and disclosures not described in this notice. You may revoke your authorization at any time in writing, except to the extent that we have taken action in reliance on the use or disclosure indicated in the authorization.

## **YOUR HEALTH INFORMATION RIGHTS**

Although your Dental/health record is the physical property of this office you have the following rights with respect to your Dental/Health information:

**You** may request that we not use or disclose your Dental/Health information for a particular reason related to treatment, payment, our general healthcare operations, and/or to a particular family member, other relatives or close personal friend. We ask that such requests be made in writing on a form provided by us. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it. Except as provided below.

**If you** have paid for services out-of-pocket in full, you may request that we not disclose information related solely to those services to your Dental/health plan. We ask that such requests be made in writing on a form provided by us. We are required to abide by such a request, except where we are required by law to make a disclosure. We are not required to inform other providers of such a request, so you should notify any other providers regarding such a request.

**You** have the right to receive confidential communications from us by alternative means or at an alternative location. Such a request must be made in writing, and submitted to the Administrator. We will attempt to accommodate all reasonable requests.

**You** may request to inspect and/or obtain copies of Dental/health information about you, which will be provided to you in the time frames established by law. If we maintain your Dental/health information electronically in a designated record set, you may obtain an electronic copy of the information. If you request a copy (paper or electronic), we will charge you a reasonable, cost-based fee.

**If you** believe that any Dental/health information in your record is incorrect, or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by us to make such requests. For a request form, please contact the Security Officer.

**You** may request that we provide you with a written accounting of all disclosures made by us during the time period for which your request (not to exceed six years), as required by law. We ask that such requests be made in writing on a form provided by us. Please note that accounting does not include all disclosures, e.g., disclosures to carry out treatment, payment, or Dental/healthcare operations and disclosures made to you or your legal representative or pursuant to an authorization. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.

**You** have the right to be notified following a breach of your unsecured protected Dental/health information.

**You** have the right to obtain a paper copy or electronic copy of our Notice of Privacy Practices upon request.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

**You** have the right to complain to us and to the Secretary of the U.S. Department of Health and Human Services (HHS) if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.

For more information, text our HIPPA Compliance Official at 440-734-1146