

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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- Get an electronic or paper copy of your medical record**

 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record**

 - You can ask us to correct health information about you that you think is incorrect or incomplete. We may say no to your request but will tell you why in writing within 60 days.
- Request confidential communications**

 - You can ask us to contact you in a specific way (for example, home or office) or to send mail to a different address. We will say yes to all reasonable requests.
- Ask us to limit what we use or share**

 - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say yes unless a law requires us to share.
- Get a list of those with whom we've shared information**

 - You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one of these lists a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice**

 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will give you a paper copy promptly.
- Choose someone to act for you**

 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated**

 - You can complain if you feel we have violated your rights by contacting us using the information on the back page.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to**

 - Share information with your family, close friends or others involved in your care
 - Share information in a disaster relief situation

If you are not able to tell us your preference, we may share your information if we believe it is in your best interest. We may also share your information to lessen a serious and imminent threat to health or safety.
- In these cases, we won't share your information without written permission**

 - Marketing purposes
 - Sale of your information
- In the case of fundraising**

 - We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES & DISCLOSURES

We typically use or share your health information in the following ways.

- Treat you** • We can use your health information and share it with other professionals treating you.
- Run our organization** • We can use and share your health information to run our practice, improve your care and contact you when necessary.
- Bill for your services** • We can use and share your health information to bill and get payment from health plans or other entities.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- We can use or share your information for health research.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- We can use or share health information about you for workers' compensation claims, for law enforcement purposes, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- We can share health information about you in response to a court or administrative order or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may compromise the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to all locations of Central Minnesota Orthodontics.

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