

Manchester Oral Surgery, PLLC

27 Sagamore Street

Manchester, NH 03104

603-622-9441

Notice of Privacy Practices for Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully!

With your consent, our 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, diagnosis, treatment and applying for future care or treatment. It also includes the information we obtain regarding your overall health and any insurance benefits, when you or your dentist's office called to make your appointment. Finally, it includes billing documents for any services our office may render.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information that we have and share with others. Each category of uses or disclosures provides a general explanation and provides some examples of uses. Not every use or disclosure in a category is either listed or actually in place. The explanation is provided for your general information only.

Example of uses of your health information for treatment purposes:

A member of the staff obtains treatment information about you and records it in a health record. During the course of your treatment, the oral surgeon determines a need for a consult with another physician in the area. The oral surgeon will then share the information he has obtained with the consulting physician.

Example of use of your health information for payment purposes:

We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding the oral surgery that was performed. We would then provide information to them about you and the care given.

Example of use of your information for health care operations:

We may use and disclose medical information about you so that we can run our Practice more efficiently and make sure that all our patients receive quality care. In order to do this, we will share information about you, as necessary, to other medical and/or legal professionals, insurers or business associates for the purpose of quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services and insurance.

Appointment and Patient Recall Reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment for dental/medical care with the Practice or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, or otherwise and may involve the leaving of a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others.

Your health information rights

The health record we maintain, and billing records are the physical property of our oral surgery practice. The information in it, however, belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are **not required** to grant the request, but if we do, we will comply with that request.
- Obtain a paper copy of this notice of privacy practices for Protected Health Information (“Notice”).
- Request that you be allowed to inspect and copy your health record and billing record- you may exercise this right by delivering the request in writing to our office;
- Appeal a denial of access to your Protected Health Information except in certain circumstances; you must make this appeal in writing as described in this notice.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office;
- 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;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An 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;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office;
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact the **Office Manager** in person, call during regular business hours at **603-622-9441**, or write in to us at **27 Sagamore Street, Manchester, NH 03104**. The Office Manager will provide assistance on the steps to take to exercise your rights.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your Protected Health Information for treatment, payment and health care operations purposes.

Our Responsibilities

Our practice is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our “Notice” or by visiting our office and picking up a copy.

To Request Information, File a Complaint or Appeal a Denial of Access to PHI

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the **Office Manager** at 603-622-9441.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to **Office Manager**. You may also file a complaint by mailing it to the Secretary of Health and Human Services whose street address is: John F. Kennedy Federal Building, Government Center, Boston, MA 02203, or calling 617-565-1500.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from our practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

Other Disclosures and Uses

These are examples of how we may use or disclose your protected health information without your consent or authorization.

Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative or other person responsible for your care, about your location and about your general condition or your death.

Communication with Family

Using our best judgement, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or in payment for such care if you do not object or in an emergency.

Food and Drug Administration

We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Workers Compensation

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Abuse & Neglect

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Other Uses

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

Effective Date: This Notice of Privacy Practices becomes effective **April 14, 2003**.