

# VALLEY ORAL & FACIAL SURGERY

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

We recognize that our relationships with current and prospective patients are based on integrity and trust. We work hard to maintain your privacy and are very careful to preserve the private nature of our relationship with you. At the same time, the very nature of our business sometimes requires that we collect and share certain information about you with other healthcare professionals or insurance companies. As such, we want you to be aware of how we handle personal information and the important measures we take to protect it. Our policies and procedures for collecting and disclosing personal information are detailed below. Please review it carefully!

Example of uses of your health information for treatment purposes: A health care professional obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist. The doctor will share the information with such specialist and obtain input. In addition, any referring physician will require documentation of your care here and information will be released to them for continued care purposes.

Example of use of your health information for payment purposes: We submit a request for payment to your dental/health insurance company and other third party payers. The insurance company requests information from us regarding oral surgery care given. We will provide information to them about you and the care given. Example of Use of Your Information for Health Care Operations: We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services/ investigations and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

**Your Health Information Rights: Although your medical and billing record we maintain, it's the physical property of Valley Oral and Facial Surgery. The information in it, however, belongs to you. You have a 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 we will comply with any request granted.
- Request that you be allowed to inspect and obtain a copy of your health 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.
- 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 offices.

**Our Responsibilities: Valley Oral and Facial Surgery 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.
- Accommodate your reasonable requests regarding methods to communicate health information about you.

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and 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, by visiting our office and picking up a copy or visiting our website for a printable copy. To Request information or File a Complaint: If you have questions, would like additional information or want to report a problem or violation regarding the handling of your protected health information or privacy rights you may contact the Practice Administrator for our region: Velveta Howell (or her designee at Office for Civil Rights), US Department of Health and Human Services, 999 18th Street, Suite 417, Denver, CO 80202. Phone: 800-368-1019. Fax: 303-844-2025.

**Other Disclosures and Uses**

- 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 general condition.
- Communication with Family. Using our best judgment, we may disclose to a family member, friend, or any other person you identify, health information relevant to the person's involvement in your care or in payment for such care.
- 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.
- We may send private health information such as appointment confirmations, procedure instructions, and financial information to your e-mail, your cell phone, your answering machine and/or voicemail. If you choose to be on our appointment waiting list, we may contact you by text or voice call with appointment availability.
- 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.
- Abuse & Neglect. We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.
- Correctional Institutions/Law Enforcement. 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. In addition, 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.
- 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 in writing as previously provided at any time.

Comments or Complaints regarding our privacy practices can be submitted in writing describing your concerns to:  
Jackie Endres -Privacy Officer, 1365 South Columbia Road, Suite C, Grand Forks, ND 58201  
jackie@valleyofs.com • 701-772-7379

EFFECTIVE 11-15-2018