

# LOUISIANA ORAL AND IMPLANT SURGERY NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Louisiana Oral & Implant Surgery knows that information we collect about you and your health is private. This notice describes how medical information about you may be used and disclosed and how you can access this information. This Notice describes your rights and our legal duties regarding your Protected Health Information ("PHI"). "Protected Health Information" means any information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. Not all situations will be described. Please read it carefully.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, to be kept properly confidential.

## HOW LOUISIANA ORAL & IMPLANT SURGERY MAY USE OR DISCLOSE YOUR MEDICAL AND DENTAL AND DENTAL INFORMATION:

**TREATMENT:** While we are providing you with health care services, we may share your protected health information (PHI) including electronic protected health information (ePHI) with other health care providers, business associates and their subcontractors or individuals who are involved in your treatment, billing, administrative support or data analysis. These business associates and subcontractors through signed contracts are required by federal law to protect your health information. We have established "minimum necessary" or "need to know" standards that limit various staff members' access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

**EXAMPLES OF USES OF YOUR HEALTH INFORMATION FOR TREATMENT PURPOSES:** We may disclose your medical and dental information to doctors, nurses, technicians, or staff members involved in your care or to other healthcare professionals for means of additional treatment or follow up care such as biopsy/pathology services. We also may disclose your medical and dental information to people outside of Louisiana Oral & Implant Surgery who may be involved in your care such as your family members.

Your health information will be shared with your referring dentist or doctor to discuss your treatment plan. This is often necessary to develop an optimal treatment plan for you.

During your treatment, Dr. Maskas may determine that a consultation with another medical specialist is needed to obtain more information about your health prior to your procedure. This doctor may be a doctor who is already treating you or new provider. Our practice may share information about your current health and situation with these specialists to obtain valuable information necessary to keep you safe. These professionals will have a privacy and confidentiality policy like this one.

## EXAMPLE OF USE OF YOUR HEALTH INFORMATION FOR PAYMENT PURPOSES:

We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations, collections or other third parties that may be responsible for such costs, such as family members. We normally submit a request for payment to your insurance company. The insurance company requests information from us regarding medical care we provided for you. This allows them to reimburse properly. We will provide this information to your insurance company.

## OTHER DISCLOSURES AND USES:

**HEALTHCARE OPERATIONS:** We may use and disclose your medical and dental information to operate Louisiana Oral & Implant Surgery. For example, we may use this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also share your medical and dental information with our business associates, such as a computer consulting service, that perform administrative services for us. We have a written contract with each business associate that contains terms requiring them to protect the confidentiality of your medical and dental information.

**APPOINTMENT REMINDERS:** We may use and disclose your medical and dental information to remind you about appointments. If time allows, we will mail a postcard reminder. We may also phone your home or cellular telephone. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone. We may also send you text messages on your cellular phone.

**SIGN IN SHEET:** We may use and disclose your medical and dental information by having you sign in when you arrive at our office. We may also call out your name in the waiting room when we are ready to see you.

**EMERGENCIES:** We may use or disclose your health information to notify or assist in the notification of a family member or anyone responsible for your care in case of any emergency involving your care including your location, your general condition or death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

**NOTIFICATION AND COMMUNICATION WITH FAMILY:** 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, general condition, or your death. Using our best judgment, 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 (FDA):** 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.

**WORKER'S 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. Examples can include reporting child abuse, or defects with products.

**ABUSE & NEGLECT:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

**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.

**NATIONAL SECURITY:** The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

**MILITARY:** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

**HEALTH OVERSIGHT:** We may disclose protected health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical and dental device reporting and licensure.

**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. If you are involved in a lawsuit or a dispute, we may disclose your medical and dental information in response to a court or administrative order. We may also disclose medical and dental information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**PATIENT CONTACT:** We may contact you at the phone numbers you provide on your patient information form to provide you or your designees with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you. We may leave messages on answering machines or voicemails regarding your appointment, surgical instructions, insurance or payment information. You may also be contacted by cellular phone text message to be reminded of your upcoming appointment. In addition, we may contact you for permission to disclose portions of your protected health information for use in the practice.

**MARKETING HEALTH-RELATED SERVICES:** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your medical and dental information for marketing purposes without your written authorization.

**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. You may revoke authorization previously provided in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

We may disclose your medical and dental information for purposes not described in this Notice or otherwise permitted by law only with your written authorization. You may revoke an authorization at any time, in writing, but only as to future uses or disclosures, and only where we have not already acted in reliance on your authorization.

**CHANGE OF OWNERSHIP:** In the event that Louisiana Oral & Implant Surgery is sold or merged with another organization, your medical and dental information will become the property of the new owner who will have access to it, although you will maintain the right to request that copies of your medical and dental information be transferred to another physician or Oral & Maxillofacial Surgery Practice

**YOUR HEALTH INFORMATION RIGHTS:**

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you.

You have a right to the following:

- To receive a paper copy of this *Notice of Privacy Practices*
- To review and obtain a copy of your medical and dental information, with limited exceptions defined by law. A reasonable fee may be charged for making copies.

- To request restrictions on certain uses and disclosures of your medical and dental information by written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision. If we agree to a restriction, we may disregard it if the information is needed to provide you emergency treatment
- To request that we amend your medical and dental information that you believe is incorrect or incomplete. Your request to amend must be in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your medical and dental information and will provide you with information about Louisiana Oral & Implant Surgery's denial (if applicable) and how you can disagree with the denial. Even if we accept your request, we may not delete any information already in your medical and dental record.
- 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 the practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary.
- To appeal a denial of access to your protected health information except in certain circumstances.
- To inspect and copy 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.
- 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 Louisiana Oral & Implant Surgery. You may also file a complaint by mailing it to Louisiana Department of Health.

If you want to exercise any of the above rights, please contact Louisiana Oral & Implant Surgery, in person or in writing, during normal hours. We will provide you with assistance on the steps to take to exercise your rights.

#### **OUR RESPONSIBILITIES:**

The 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
- Accommodate your reasonable requests regarding methods to communicate health information with you.

This notice is effective as of July 1st, 2019, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. 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.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at our address below or with the Department of Health & Human Services, Office of Civil Rights about violation of the provisions of this notice or the policies and procedures of our staff. We will not retaliate against you for filing a complaint.