

WILSONVILLE ORTHODONTICS

NOTICE OF PRIVACY PRACTICES

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US. THIS DOCUMENT DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

Recently, the United States Department of Health and Human Services (HHS) issued comprehensive regulations under the Health Insurance Portability and Accountability Act (HIPAA) relating to the privacy of patient records. These regulations apply to all “protected patient information”, whether in electronic or paper form or whether disclosed orally. For the purpose of this policy, “protected health information” includes any individually identifiable information, such as names, dates, phone/fax numbers, e-mail addresses, home addresses, Social Security Numbers, and demographic data.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. We also have the right to change the terms of this Privacy Notice and to make the new provisions effective for all protected health information maintained by us. However, if we do so, we will provide you with a copy of the revised Privacy Notice. This Notice takes effect 4/13/03, and will remain in effect until we replace it.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please do not hesitate to contact us.

USES AND DISCLOSURES OF HEALTH INFORMATION

Under these regulations we are allowed to disclose protected health information for the purpose of treatment, payment, and healthcare operations. For example, your protected health information may be used or disclosed by us in one or more of the following ways:

Treatment: We may use or disclose your health information to other healthcare providers providing treatment to you.

Payment: We may use or disclose your health information to third party payers.

Healthcare Operations: We may use and disclose your health information in connection with obtaining certification, licensure or accreditation.

To Your Family and Friends: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Marketing for Health-Related Services: We will not use your health information for marketing communications without your written authorization.

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NOTICE OF PRIVACY PRACTICES (cont.)

Abuse or 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. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

YOUR RIGHTS

Under the new privacy rules you have the right to:

- Request restrictions on the use and disclosure of your protected health information
- Request confidential communication of your protected health information
- Inspect and obtain copies of your protected health information
- Amend or modify your protected health information
- Receive an accounting of disclosures made by us of your protected health information
- File a complaint for any suspected violation by us of your privacy rights. You may file this complaint with us or with the U.S. Department of Health and Human Services. This complaint must be filed within 180 days of the suspected

violation. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please note that we are not obligated to:

- Honor any request by you to restrict the use or disclosure of your protected health information, other than that which is already required by law
- Amend your protected health information if it is accurate and complete
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.