



## **Notice of Privacy Practices for Protected Health Information As of 04/29/2021**

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

*With your consent, the 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, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.*

### ***Your Rights***

***When it comes to your health information, you have certain rights. This section will explain your rights and some of our responsibilities to assist you.***

#### **Obtain an electronic or paper copy of your medical record**

- You can ask to see or obtain an electronic/paper copy of your medical record and other health information we have about you.
- We generally will provide you a copy or a summary of your health information, usually within 30 days of your request. Depending on the nature of the request there could be a charge.

#### **Should there be a need to correct your medical record**

- You can request us to correct health information about you that you feel is incorrect or incomplete.

#### **Request confidential communications**

- You can request NWOMS to contact you by your preference

#### **Request us to minimize what we use or share**

- You may request us to not share certain health information for treatment, payment or our operations. Please note, we are not required to agree to your request and we may decline your request.
- -For services that we render that you have paid out of pocket, in full for, you may request for us to not to share that information with your health insurer.

#### **Obtain a list of those with whom we have shared your information**

- You can obtain a list of the times we have shared your health information for six years prior to the date you have requested, 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.

#### **Privacy Notice Copy**

- You may request a copy of this notice at any time or view it on our website at any time.

#### **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 ensure this person has the legal authority and can act for you before we process any request.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting Donna Kotsios at 281-362-2270 or [dkotsios@nwoms.net](mailto:dkotsios@nwoms.net).
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:
  - U. S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue, S. W.  
Washington, D.C. 20201  
Or Calling 1-877-696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://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 choice about what we share.**

If you have a clear preference for how we share your information in the situations described below, discuss it with us. Tell us what you want us to do, and we do our best to 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
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these situation' we will never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes in the case of fundraising:
- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## ***Our Uses and Disclosures***

### **How do we typically use or share your health information?**

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 who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

#### **Security**

Northwest Oral Surgery takes precautions to protect your information. When you submit sensitive information via the website, your information is protected both online and offline.

While we use encryption to protect sensitive information transmitted online, we also protect your information offline. Only employees who need the information to perform a specific job (for example, mailing list or informational pamphlet) are granted access to personally identifiable information. The computers and servers in which we store personally identifiable information are kept in a secure environment.

## How else can we use or share your health information?

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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

### **Help with public health and safety issues**

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
- Preventing or reducing a serious threat to anyone’s health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

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.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when a patient is deceased.

### **Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

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 have compromised 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**For more information see:**

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Changes to the Terms of this Notice

**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 web site.**