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NOTICE OF PRIVACY PRACTICES

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This notice describes how health information about you may be used and discloses how you can get access to this information. Please review this. The privacy of your health information is important to us.

OUR LEGAL DUTY- We are required by applicable federal and state law to maintain the privacy of your health information. We are required to give you this notice about our privacy practice, legal duties, and your rights concerning your health information. We must follow the privacy practices that are outlined in the notice while it is in effect. This notice will take effect on 04/13/2003 and remain in effect until we replace it. We reserve the right to change our privacy practice and the terms at any time as long as such changes are permitted by law. We reserve the right to change our privacy practices and the terms for all health information including information that was received before changes were made. Before any changes are made we will change this notice and make the new policies available to you upon request. You may ask for a copy of our privacy policy at any time. For information about your privacy practice please contact us using information posted at the bottom of this page. **USES AND DISCLOSURES**

OF HEALTH INFORMATION- We use and disclose health information about you for treatment, payment, and healthcare options. We may disclose your health information to a physician or other healthcare providers that are providing you treatment. We may use or disclose information about your healthcare information in order to obtain payment for the services we provided to you. We do not use your information for any fundraising purposes. **Healthcare options:** We may use and disclose your healthcare information in connection with our healthcare operations. Healthcare operations may include quality assessment and improvement operations, reviewing the competence or qualifications of the healthcare provider. In addition to our use of your healthcare information for treatment, payment or healthcare options, you may give us written authorization to give your information to anyone for that purpose. We must disclose your healthcare information to you as described in the patients' rights section of this notice including any electronic records (if applicable). **Persons involved in care:** We may disclose health information to assist in the notification of a family member, to notify your personal representative or other persons responsible for your care. If you are present then prior to use or disclosures of your health information we will provide you with any opportunity to object to this. In the event of your incapacity or under emergency circumstances, we will disclose health information based on a determination using our personal judgment disclosing only the information that is directly relevant to the person's involvement in your healthcare. We will also use our best judgment and our experience with common practice to make reasonable inferences of your best interest. We do not use your health information for marketing purposes without a written consent from you. We may use or disclose information about you as required by law. **Abuse or neglect:** We may disclose to appropriate authorities if we believe that you are a possible victim of neglect or abuse. **National Security:** We may disclose information of armed personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correctional institution or law enforcement officials having lawful custody of protected health information of an inmate or personnel under certain circumstances



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Appointment reminders: We may disclose your health information to provide you with appointment reminders such as postcards, voicemails, or letters.

Patient Rights: You have the right to look at or get a copy of your healthcare information including electronic records (if applicable) with limited exceptions. You must make a formal request in writing to obtain a copy of your information. If you request copies we charge \$.50 per page, plus \$28.00 for staff time to locate and copy your healthcare information. If you prefer we prepare a summary of your healthcare information regarding the services provided that is free.

Disclosure Accounting: You have the right to receive a list of instances of which business associates disclosed your healthcare information for purposes other than treatment, payment, healthcare operations, and certain other activities for the last six years, but not before April 3, 2003. If you request this more than once in a twelve month period there will be cost based fees associated with the request.

Restriction: You have the right to request that we place additional restrictions on our use or disclose of your healthcare information. We are not required to agree to additional restrictions but if we do we will abide by our agreement.

Alternative communications: You have the right to request that we communicate with you about your health information by alternative means of communications. You must make your request in writing. Your request must specify the alternative means or location and provide satisfactory information about how payments will be handled under the alternative means.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and explain why the information must be amended. We may deny this request under certain circumstances. **Electronic Communications:** if you receive this notice on the website you are entitled to receive this in written form

Questions and Complaints: If you want more information about our privacy practices or have questions or concerns please contact us. If you are concerned that we may have violated your rights or disagree with information regarding your healthcare information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means, you may make your complaint known to us using the information listed below. You may also submit a formal complaint to the US Department of Health and Human Services. We are obligated to provide the address to file your complaint. We support the right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint.