

## Notice of Privacy Practices

### How the practice may use and disclose PHI

The following describes the ways the Practice may use and disclose PHI. Except for the purposes described below, the Practice will use and disclose PHI only with the individual's written permission. The individual may revoke such permission at any time by writing to Office Manager.

- **For Treatment.** The Practice may use and disclose PHI for the individual's treatment and to provide the individual with treatment-related health care services. For example, the Practice may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside the Practice's office, who are involved in the individual's medical care and need the information to provide the individual with medical care.
- **For Payment.** The Practice may use and disclose PHI so that the Practice or others may bill and receive payment from the individual, an insurance company or a third party for the treatment and services the individual received. For example, the Practice may tell the individual's insurance company about a treatment the individual is going to receive to determine whether the individual's insurance company will cover the treatment.
- **For Health Care Operations.** The Practice may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of the Practice's patients receive quality care and to operate and manage the Practice's office. For example, the Practice may share information with doctors, residents, nurses, technicians, clerks, and other personnel for quality assurance and educational purposes. The Practice also may share information with other entities that have a relationship with the individual (for example, the individual's insurance company and anyone other than the individual who pays for the individual's services) for the individual's health care operation activities.
- **Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services.** The Practice may use and disclose PHI to contact the individual to remind them that they have an appointment with the Practice. The Practice also may use and disclose PHI to tell the individual about treatment alternatives or health-related benefits and services that may be of interest to the individual.

- **Third Parties Involved in an Individual's Care or Payment for an Individual's Care.** When appropriate, the Practice may share PHI with a person who is involved in the individual's medical care or payment for the individual's care, such as the individual's family or a close friend. The Practice also may notify the individual's family about the individual's location or general condition or disclose such information to an entity (such as the Red Cross) assisting in a disaster relief effort.
- **Research.** Under certain circumstances, the Practice may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. The Practice will generally ask for the individual's written authorization before using the individual's PHI or sharing it with others to conduct research. Under limited circumstances, the Practice may use and disclose PHI for research purposes without the individual's permission. Before the Practice uses or discloses PHI for research without the individual's permission, the project will go through a special approval process to ensure that research conducted poses minimal risk to the individual's privacy. The individual's information will be deidentified. Researchers may contact the individual to see if the individual is interested in or eligible to participate in a study.

#### SPECIAL SITUATIONS:

As Required by Law. The Practice will disclose PHI when required to do so by international, federal, state or local law.

- **To Avert a Serious Threat to Health or Safety.** The Practice may use and disclose PHI when necessary to prevent a serious threat to the individual's health and safety or the health and safety of others. Disclosures, however, will be made only to someone who may be able to help prevent or respond to the threat, such as law enforcement or a potential victim. For example, the Practice may need to disclose information to law enforcement when a patient reveals participation in a violent crime.
- **Business Associates.** The Practice may disclose PHI to the Practice's business associates that perform functions on the Practice's behalf or provide the Practice with services if the information is necessary for such functions or services. For example, the Practice may use another company to perform billing services on the Practice's behalf. All of the Practice's business associates are obligated to protect the privacy of the individual's information and are not allowed to use or disclose any information other than as specified in our contract.

- **Organ and Tissue Donation.** If the individual is an organ donor, the Practice may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
- **Military and Veterans.** If the individual is a member of the armed forces, the Practice may release PHI as required by military command authorities. The Practice also may release PHI to the appropriate foreign military authority if the individual is a member of a foreign military.
- **Workers' Compensation.** The Practice may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** The Practice may disclose PHI for public health risks or certain occurrences. These risks and occurrences generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child, elder or dependent adult abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence (we will only make this disclosure when required or authorized by law).
- **Health Oversight Activities.** The Practice may disclose PHI to a health oversight agency, such as the Oklahoma Department of Health and Human Services or Center for Medicare and Medicaid Services, for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** The Practice may use or disclose the individual's PHI to provide legally required notices of unauthorized access to or disclosure of PHI.
- **Lawsuits and Disputes.** If the individual is involved in a lawsuit or a dispute, the Practice may disclose PHI in response to a court or administrative order. The Practice also may disclose PHI in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell the individual about the request or to allow the individual to obtain an order protecting the information requested.
- **Law Enforcement.** The Practice may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, the

Practice is unable to obtain the individual's agreement; (4) about a death the Practice believes may be the result of criminal conduct; (5) about criminal conduct on the Practice's premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors.** The Practice may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Practice also may release PHI to funeral directors as necessary for their duties.
- **National Security and Intelligence Activities.** The Practice may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** The Practice may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.
- **Inmates or Individuals in Custody.** If the individual is an inmate of a correctional institution or under the custody of a law enforcement official, the Practice may release PHI to the correctional institution or law enforcement official. This release would be necessary if: (1) for the institution to provide the individual with health care; (2) to protect the individual's health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

#### USES AND DISCLOSURES THAT REQUIRES THE PRACTICE TO GIVE THE INDIVIDUAL AN OPPORTUNITY TO OBJECT/OPT OUT

- **Third Parties Involved in the Individual's Care or Payment for Individual's Care.** Unless the individual objects, the Practice may disclose to a member of the individual's family, a relative, a close friend or any other person the individual identifies, the individual's PHI that directly relates to that third party's involvement in the individual's health care. If the individual is unable to agree or object to such a disclosure, the Practice may disclose such information as necessary if the Practice determines that it is in the individual's best interest based on the Practice's professional judgment.
- **Disaster Relief.** The Practice may disclose the individual's PHI to disaster relief organizations that seek the individual's PHI to coordinate the individual's care, or notify family and friends of the individual's location or condition in a disaster. The Practice will provide the individual with an opportunity to agree or object to such a disclosure whenever the Practice practically can do so.

## INDIVIDUAL'S WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of the individual's PHI will be made only with the individual's written authorization:

1. Uses and disclosures of PHI for marketing purposes
2. Disclosures that constitute a sale of the individual's PHI
3. Disclosures of doctor and clinical notes.

Other uses and disclosures of PHI not covered by this Notice of Privacy Practice or the laws that apply to the Practice will be made only with the individual's written authorization. If the individual gives us authorization, the individual may revoke it at any time by submitting a written revocation to the office manager and we will no longer disclose PHI under the authorization. But disclosure that the Practice made in reliance on an individual's authorization before the individual revoked it will not be affected by the revocation.

## INDIVIDUAL'S RIGHTS REGARDING PHI

- **Right to Inspect and Copy.** The individual has a right to inspect and copy PHI that may be used to make decisions about the individual's care or payment for the individual's care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy the individual's PHI, the individual must make their request, in writing, to the practice.
  - The Practice has up to 30 days to make the individual PHI available to the individual and the Practice may charge the individual a reasonable fee for the costs of copying, mailing or other supplies associated with the individual's request.
  - The Practice may not charge the individual a fee if the individual needs the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.
  - The Practice may deny the individual's request in certain limited circumstances. If the Practice does deny the individual's request, the individual has the right to have the denial reviewed by a licensed healthcare professional that was not directly involved in the denial of the individual's request, and the Practice will comply with the outcome of the review.
- **Right to Get Notice of a Breach.** This practice is committed to safeguarding the individual's PHI. If a breach of the individual's PHI occurs, the Practice will notify the individual in accordance with state and federal law.
- **Right to Amend, Correct or Add an Addendum.** If the individual feels that the PHI the Practice has is incorrect, incomplete, or the individual wishes to add an addendum to the individual's records, the individual has the right to make such request for as long as the information is kept by or for the Practice's office. The individual must make their request in writing. In the case of

claims that the information is incorrect, incomplete, or if the record was not created by our Practice, the Practice may deny the individual's request. However, if the Practice denies any part of the individual's request, the Practice will provide the individual with a written explanation of the reasons for doing so within 60 days of the individual's request.

- **Right to an Accounting of Disclosures.** Individuals have the right to request a list of certain disclosures the Practice made of PHI for purposes other than treatment, payment, health care operations, certain other purposes consistent with law, or for which the individual provided written authorization. To request an accounting of disclosure, individuals must make their request, in writing. The individual may request an accounting of disclosures for up to the previous six years of services provided before the date of the individual's request. If more than one request is made during a 12 month period, the practice may charge a cost based fee.
- **Right to Request Restrictions.** Individuals have the right to request a restriction or limitation on the PHI the practice uses or disclose for treatment, payment, or health care operations. Individuals also have the right to request a limit on the PHI we disclose to someone involved in the individual's care or the payment for the individual's care, like a family member or friend. For example, the individual could ask that the Practice not share information about a particular diagnosis or treatment with the individual's spouse. To request a restriction, the individual must make their request, in writing. The Practice is not required to agree to the individual's request unless the individual is asking us to restrict the use and disclosure of the individual's PHI to a health plan for payment or health care operation purposes and such information the individual wishes to restrict pertains solely to a health care item or service for which the individual has paid the Practice out-of-pocket in full. If the Practice agrees, the Practice will comply with the individual's request unless the information is needed to provide the individual with emergency treatment or to comply with law. If the Practice does not agree, the Practice will provide an explanation in writing.
- **Out-of-Pocket-Payments.** If the individual pays out-of-pocket (or in other words, the individual has requested that the Practice not bill the individual's health plan) in full for a specific item or service, the individual has the right to ask that the individual's PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and the Practice will honor that request.
- **Right to Request Confidential Communications.** Individuals have the right to request that the Practice communicate with them about medical matters in a certain way or at a certain location. For example, the individual can ask that the Practice only contact individuals by mail or at work. To request confidential communications, individuals must make their request, in writing. The individual's request must specify how or where the individual wishes to be contacted. The Practice will accommodate reasonable requests.
- **Right to Choose Someone to Act for the Individual.** If the individual gives someone medical power of attorney or if someone is the individual's legal guardian, that person can exercise the individual's rights and make choices about the individual's PHI. The Practice will use our best

Timothy J. Becker DDS  
PO Box 190  
Beaver, OK 73932

efforts to verify that person has authority to act for the individual before the Practice takes any action.

- **Right to a Paper Copy of This Notice of Privacy Practices.** Individuals have the right to a paper copy of this Notice of Privacy Practices. Individuals may ask the Practice to give the individual a copy of this Notice of Privacy Practices at any time. Even if the individual has agreed to receive this Notice of Privacy Practices electronically, individuals are still entitled to a paper copy of this Notice of Privacy Practices.

### CHANGES TO THIS NOTICE OF PRIVACY PRACTICES:

The practice reserves the right to change this Notice of Privacy Practices and make the new Notice of Privacy Practices apply to PHI the Practice already has as well as any information the Practice receives in the future. The Practice will post a copy of the Practice's current Notice of Privacy Practice at our office. The Notice of Privacy Practices will contain the effective date on the first page, in the top right-hand corner. Individuals will be sent information regarding the changes via e-mail or via mail on how they can obtain a new copy. Individuals will be asked to sign off on the new Notice of Privacy Practices at the individual's next scheduled appointment.

### COMPLAINTS

If an individual believes their privacy rights have been violated, the individual may file a complaint with Torie Halpain, HIPAA Compliance Officer, PO Box 190 Beaver OK 73931. 580-625-3111. All complaints must be made in writing. Individuals may also contact the Secretary of the Department of Health and Human Services or Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Please contact the Practice Compliance Officer if an individual needs assistance locating current contact information. Individuals will not be penalized or retaliated against for filing a complaint.

Applicable Regulation 45 C.F.R. § 164.520