

## **HIPPA Compliance**

### Notice of **Hamilton Mill Oral and Facial Surgery** *HIPPA Privacy Practices*

Hamilton Mill Oral and Facial Surgery takes your privacy seriously and wants to tell you about our privacy practices to protect your personal health information. This notice describes how your medical and dental information about you may be used or disclosed. It also explains how you may obtain access to this information, thus careful reflection is required on your part. Hamilton Mill Oral and Facial Surgery may use your health information, that is, the information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification Provision of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) for purpose of making or obtaining payment for your care and conducting health care operations.

#### *How do we use medical and dental health information?*

Hamilton Mill Oral and Facial Surgery uses your medical and dental health information to pay dentists and other related service providers related to your medical or dental care for their service, and to conduct normal business known as dental care operations. We comply with all state and federal laws applicable to services provided to you, including any laws that impact our ability to use your health information for payment and operations.

#### *Information we share:*

There are certain limited times when we are permitted or required to disclose medical and dental health information without your signed permission. These circumstances are listed below:

- To protect victims of abuse for federal and state health oversight activities such as fraud investigations.
- For judicial or administrative process and proceeding as required by law or for law enforcement.
- To medical examiners, funeral directors and coroners as required by law.
- To a correctional institute if you are an inmate or under governmental arrest.
- For Workers Compensation if you are injured at work.
- All other uses and disclosures may only be made with your signed authorization, and your signed authorization can be revoked by you at any time.

#### *Our Responsibilities:*

Hamilton Mill Oral and Facial Surgery is required by law to:

- Maintain the privacy of your medical and dental health record.
- Provide this notice of our privacy practice and duties.
- Abide by the terms of the notice currently in effect.
- We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain.

#### *Your Rights:*

You have the right to:

- Request that we restrict how we use or disclose your health information; however, we may not be able to comply with all requests for law purposes and service related issue mentioned above.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy our health information (fees will apply).

- Request and accounting of how your health information was disclosed that excludes disclosure for treatment, payment, health care operations and some required disclosures, as well as disclosures that you authorize.
- Obtain a paper copy of this notice even if you receive it electronically.

*Financial Privacy Policy:*

We do not give your financial information to any person or persons not affiliated with Hamilton Mill Oral and Facial Surgery. It is important that you understand what financial information we gather and how it is used to provide you better benefits and services.

*Financial Information:*

In order to provide your dental services we may gather financial information about you from you, your employer, your plan sponsor, or your dentist with respect to claims, co-payments and premium payments.

*Security:*

In compliance with state and federal standards, electronic, procedural and physical safeguards are in place to limit the collection and use of non-public information to the minimum necessary to provide you with quality products and services. Access to this information is limited to a need to know basis for our employees to perform their jobs. This applies to you whether you are a former or current member.

*Amendment:*

- Your information cannot be sold or used for marketing or fundraising purposes without previous signed authorization by the patient.
- You will be informed if there are any financial conflicts with the doctor and any products or services used within the practice or as a part of treatment. This should be acknowledged in writing.
- You will be notified of any breaches of information in a timely manner.
- If you personally pay for a procedure and ask that information about that procedure not be disclosed to your insurance company, as long as you pay in full for the procedure in a timely manner, the practice cannot make the disclosure.
- You should be able to get an electronic copy of your record, if possible. If you request in writing, for a copy of your record to be sent to a specific third party, the record must be sent as directed.