



NOTICE OF PRIVACY PRACTICES FOR DENTAL SURGICAL CENTER OF MEDINA, INC.

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in the Notice while it is in effect. This notice takes effect 08/13/2010 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make significant change in our privacy practices, we will change this Notice, post a new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of your Notice at any time. For more information about our privacy practice, or for additional copies of this Notice, please contact using the information listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

We may use and disclose your health information for different purposes, including treatment, payment, and healthcare operations. For each of these categories, we have provided a description and an example. Such information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these types of records.

Treatment: We may use and disclose your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

Payment: We may use and disclose your health information to obtain reimbursement for treatment for services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management and determinations of eligibility and coverage to obtain payment from you, an insurance company or other third party. For example, we may send claims to your medical health plan containing certain health information.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Individuals Involved in Your Care or Payment for Your Care: We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment of our care. Additionally, we may disclose information about you to a patient representative the same way we will treat you with respect to your health.

3613 Reserve Commons Drive
Medina, OH 44256
P: 330-952-1737
F: 330-800-9549
E-mail: frontdesk@medinasurgical.com

Disaster Relief: We may use or disclose your health information to assist in disaster relief efforts.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Public Health Activities: We may use or disclose your health information for public health activities, including disclosing to:

- Prevent or control disease, injury or disability
- Report child abuse or neglect
- Report reactions to medications or problems with products or devices
- Notify a person of a recall, repair or replacement of products or devices
- Notify a person who may have been exposed to disease or condition
- Notify an appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions of law enforcement official having custody the protected health information of an inmate or patient.

Secretary of HHS: We may use or disclose your health information to the Secretary of the US Department of Health and Human Services when required to investigate or other similar programs established by law.

Law Enforcement: We may use or disclose your personal health information for law enforcement purposes as permitted by HIPPA, as requested by law, or in response to a subpoena or court order.

Health Oversight Activities: We may use or disclose your personal health information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil right laws.

Judicial and Administrative Proceeding: If you are involved in a lawsuit or dispute, we may disclose your personal health information in response to a court or administration order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the requesting party or us, to obtain an order protecting the information requested.

Research: We may disclose your personal health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure privacy of your information.

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Coroners, Medical Examiners and Funeral Directors: We may release your personal health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose personal health information to a funeral director consistent with applicable law to enable them to carry out their duties.

Other Uses and Disclosures for Personal Health Information: Your authorization is required with a few exemptions, for disclosure of psychotherapy notes, use or disclosure of personal health information for marketing, and for the sale of personal health information. We will obtain your written authorization before using or disclosing your personal health information for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your personal health information, except to the extent that we have already taken action in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed and the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice, if you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to the electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost based fee, the cost of the supplies and labor copying, and for the postage if you want copies mailed to you. Contact us by using the information listed at the end of this Notice for an explanation of our fee structure

Disclosure of Accounting: With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request for this accounting in a 12-month period. We may charge you a reasonable, cost-based fee for responding to the additional request.

Right to Request a Restriction: You have the right to request additional restrictions on our use or disclosure of your personal health information by submitting a written request to the Privacy Official. Your written request must include:

1. Information you want to limit
2. Whether you want to limit our use, disclosure of both
3. To whom you want the limits to apply

We are not required to agree to your request except in the case where the disclosures are to a health plan for purpose of carrying out a payment or health care operations, and the information pertains solely to health care items or service for which you, or a person on your behalf (other than the health plan), has paid in full.

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*Dental Surgical
Center of Medina, Inc*

Alternate Communication: You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means of location, and provide satisfactory explanation of how payments will be handled under the alternative means or location your request and it must explain.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why information should be amended. We may deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right of Notification of a Breach: You will receive notifications of breaches of your unsecured protected health information as required by law.

Electronic Notice: You may receive a paper copy of the notice upon request, even if you have agreed to receive this Notice electronically on our Website or by electronic mail. (email)

Questions or Complaints: If you want more information about our privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at alternative location, you may complain to us using the contact person listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon your request.

If you want more information about our privacy practices or have any questions or concerns, please contact us.

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Acknowledgement of Receipt of Notice of Privacy Practices

***You May Refuse to Sign This Acknowledgement**

I have received a copy of this office’s Notice of Privacy Practice.

Print Name: _____

Signature: _____

Date: _____

E-mail: _____

Please check which phone number you would prefer to be reached at:

Home: (____) _____

Cell: (____) _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify) _____

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