Michaela Walker's Family Dentistry

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. This notice is also intended to inform you of how we protect, use, and disclose your information, as well as explain your right to control these disclosures. Please review it carefully.

We take our responsibility to safeguard you protected health information (PHI) very seriously. We are dedicated to defending your right to a confidential relationship with your health care provider.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on the date that you are first seen as a patient and will remain in effect until we replace or update it or until you revoke your consent.

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. We reserve the right to make the changes in our privacy practices and the terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change the Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose health information about you for the following purposes:

1. TREATMENT: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you in order to coordinate your medical and dental care. This may include calling in prescriptions to your pharmacy, scheduling lab work, or making an appointment for you at a specialist office that we are referring you to.
2. PAYMENT: We may use and disclose your health information to obtain payment for services we provide you and to ensure that you receive insurance benefits. This may include calling your insurance company to determine your eligibility for coverage and adjudication for claims, billing, claims management, and collections activities. We may also be required to disclose your information to your insurer for review of the medical necessity, coverage, appropriateness, or justification of our charges. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment. You have the right to restrict disclosures of your PHI to a health plan if you have paid out-of-pocket in full for the treatment.
3. HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, or credentialing activities, customer service, and complaint resolution. We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to

monitor the health care system, government programs, and compliance with civil rights laws.

4. PUBLIC HEALTH RISKS: We may disclose health information about you for public health reasons in order to prevent or control disease, suspected abuse or neglect, non-accidental physical injuries, reaction to medications or problems with products.
5. ABUSE OR NEGLECT: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of another.
6. YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.
7. PERSONS INVOLVED IN CARE: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up written prescriptions, medical supplies, x-rays, or other similar forms of health information.
8. MARKETING HEALTH-REALTED SERVICES: We will not use your health information for marketing communications without your written authorization. We will not sell your PHI to another organization for marketing or any other purposes.
9. REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law such as if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
10. MILITARY, VETERANS, NATIONAL SECURITY, AND INTELLIGENCE: If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.
11. WORKERS' COMPENSATION: We may release health information about you for workers' compensation or similar programs.
12. LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
13. APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, emails, or texts).
14. CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death.

15. INFORMATION NOT PERSONALLY IDENTIFIABLE: We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
16. DECEASED PERSON'S PHI: In the event of your death, we may disclose your health information to family or others involved in your care or payment for care, unless our practice knows that you preferred that certain people not receive your PHI. Disclosures are limited to the PHI directly relevant to the person's involvement.

PATIENT RIGHTS

ACCESS: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicable do so. You must make a request in writing to obtain access to your health information by either sending us a letter to the address at the end of this Notice or by hand delivering the letter to our office. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations, and certain other activities, for the last six (6) years. If you request this accounting more than once in a twelve (12) month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure of your health information. Such additional restrictions must be made in writing by either sending us a letter to the address at the end of this Notice or by hand delivering the letter to our office. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing and either mail the letter to the address at the end of this Notice or by hand delivering the letter to our office. Your request must specify the alternative means or location, such as at contacting you at work or by mail, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

AMENDMENT: You have the right to request that we amend your health information. Your request must be in writing and either mailed to the address at the end of this Notice or hand delivered to our office. Your request must explain why the information should be amended. We may deny your request under certain circumstances; however we are required to place a copy of your proposed amendment in the record, even when we do not agree to amend the record itself.

ELECTRONIC NOTICE: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

NOTICE OF BREACH: You have the right to be notified following a breach of your PHI by our practice.

COMPLAINTS, INVESTIGATIONS, AND QUESTIONS: 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 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 or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. We are dedicated to investigating complaints regarding the use and disclosure of information in our care. You also may submit a written complaint to the Secretary of the Department of Health and Human Services about our use and disclosure of information. We support your right to the privacy of your health information. We will not retaliate in any

way if you choose to file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact:

Contact Officer: Michaela Walker, DDS

Address: 470 Highland Ave. Suites 1 and 2, Coos Bay, OR 97420

Telephone: 5410267-6423 or 541-267-6425

Fax: 541-267-4203