

NOTICE OF PRIVACY PRACTICES

**Grace Dental, P.A.
12611 Antioch Road
Overland Park, KS 66213**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

For purposes of this Notice of Privacy Practices (“Notice”), “us” “we” and “our” refers to Grace Dental, P.A. and “you” or “your” refers to our patients (and / or their personal representatives).

When you receive healthcare services from us, we will obtain access to your health information. We are committed to maintaining the privacy of your health information. We are obligated by law to provide you with this Notice. This Notice describes how we protect your “protected health information” (“PHI”) and what rights you have regarding it.

HOW WE MAY USE AND DISCLOSE YOUR PHI

Except as otherwise stated in this Notice, we will not use or disclose your PHI unless we first receive written authorization from you. Specific examples of uses and disclosures of PHI requiring your permission include: (i) most uses and disclosures of psychotherapy notes (private notes of mental health professional kept separately from a medical record); (ii) most uses and disclosures of your PHI for marketing purposes; and (iii) disclosures of your medical information that constitute the sale of your PHI. If you authorize us to use or disclose your PHI, you may revoke that authorization in writing at any time, except to the extent that we have already taken an action in reliance on the use or disclosure indicated in the authorization, by sending notice of your revocation to the Privacy Officer at the address in this Notice.

Certain types of medical information have additional protection under state or federal law. For instance, information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, we may be required to get your permission before disclosing it to others in many circumstances.

Treatment, Payment and Healthcare Operations

The most common reasons we would use or disclose your health information is for treatment, payment, or healthcare operations. We routinely use and disclose your medical information within the office on a daily basis. Your authorization is not required for us to use or disclose your health information for the following purposes:

- *Treatment.* To provide you with or coordinate healthcare treatment and services.
 - For example, we may review consult with other doctors about your care, delegate tasks to ancillary staff, call in prescriptions to your pharmacy, arrange appointments

with other healthcare providers, schedule lab work for you, setting up or changing appointments including leaving messages with those at your home or office who may answer the phone or leaving messages on answering machines, voice mails or emails, calling your name out in a reception room environment, discussing your care with you directly or with family or friends you have inferred or agreed may listen to information about your health, and, at your request, we can provide you with a copy of your medical records via email transmission.

- *Payment.* To bill or collect payment from you, an insurance company, a managed-care organization, a health benefits plan or another third party.
 - For example, we may need to verify your insurance coverage, submit your PHI on claim forms in order to get reimbursed for our services, obtain pre-treatment estimates or prior authorizations from your health plan or provide your x-rays because your health plan requires them for payment, sending notices of payment due on your account to the person designated as responsible party or head of household on your account with fee explanations that could include procedures performed and for what diagnosis; collecting unpaid balances either ourselves or through a collection agency, attorney, or district attorney's office.
- *Healthcare Operations.* To run our office, assess the quality of care our patients receive and provide you with customer service.
 - For example, we may review your PHI to evaluate our staff's performance, perform financial or billing audits, assist with internal quality assurance programs, participate in managed care plans, defend legal matters, business plan, perform certain research functions, inform you of products or services offered by us; comply with local, state, or federal government agencies request for information, and complete oversight activities such as licensing of our providers.

Additional Uses and Disclosures

Notwithstanding anything else contained in this Notice, in accordance with applicable law, we may also use or disclose your PHI without your authorization for the following purposes:

- When a state or federal law mandates that certain health information be reported for a specific purpose.
- For public health reasons, such as reporting of a contagious disease, investigations or surveillance, and notices to and from the federal Food and Drug Administration regarding drugs or medical devices.
- Disclosures to government or law authorities about victims of suspected abuse, neglect, domestic violence, or when someone is or suspected to be a victim of a crime.
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative hearings.
- Disclosures to a medical examiner to identify a deceased person or determine cause of death or to funeral directors to aid in burial.
- Disclosures to organizations that handle organ or tissue donations.
- Uses or disclosures for health related research.

- Uses or disclosures to prevent a serious threat to health or safety of an individual or individuals.
- Uses or disclosures to aid military purposes or lawful national intelligence activities.
- Disclosures of de-identified information.
- Disclosures related to a workman's compensation claim.
- Disclosures of a "limited data set" for research, public health, or health care operations.
- Incidental disclosures that are an unavoidable by-product of permitted uses and disclosures.
- Disclosures to business associates who perform healthcare operations for us and who commit to respect the privacy of your information.
- Unless you object, disclosure of relevant information to family members or friends who are helping you with your care or by their allowed presence cause us to assume you approve their exposure to relevant information about your health.

COMMUNICATION WITH YOU

We may mail reminder postcards for upcoming appointments. While these postcards will not contain specific information regarding your health, they will contain date and time for your upcoming appointment. Addresses that you provide to us will be utilized for these communications.

We also may communicate reminders of upcoming appointments via telephone. If you are not reached at the time of the call, a voicemail will be left with this information. We may use text messaging to remind you of upcoming appointments, and communicate to you other information pertaining to your appointment / future appointments with us. The phone number(s) you provide to us will be used for such phone calls and voicemails.

When you supply us with an email address for communication, we may use email to communicate reminders of upcoming appointments, as well as to transmit certain information from your medical records at your request. These items include data that are considered PHI. If your email address is not a secure, encrypted account, this is not considered a safe mode of communication for transmitting your PHI. In supplying us with your email address, you are consenting to such information being sent to your email and assuming the risk of using an unsafe communication. If you do not wish for us to communicate with you in this way, please do not supply us with your email address.

YOUR RIGHTS REGARDING YOUR PHI

To Inspect and Copy

You have the right to review and get a copy of your PHI including, but not limited to, medical and billing records, by submitting a written request to our Privacy Officer. You may ask us to give you the copies in a format other than photocopies (and we will do so unless we determine that it is impractical) or ask us to prepare a summary in lieu of the copies. We may charge you a fee to duplicate or summarize your PHI. We will respond to requests in 30 days or less if submitted in writing, and in 10 business days or less if malpractice litigation or pre-suit production is involved. We may request an additional 30 day extension in certain situations. We

may deny your request in certain limited circumstances (i.e. we do not have the PHI, it came from a confidential source, etc.). If we deny your request, you may ask for a review of that decision.

To Request Amendment / Correction

If you think PHI we have about you is incorrect or incomplete you may ask us to amend or correct it by submitting written request to our Privacy Officer. We will act on your request within 30 days from receipt, but we may extend our response time as permitted by law. If we grant your request, we will make the changes and send the corrected information to you or any other individual you feel needs a copy of the corrected information. If we do not agree, you will be notified in writing of our decision. You may then write a statement of your position and we will include it in your medical record along with any rebuttal statement we may wish to include.

To an Accounting of Disclosures

You may ask us for a list (an accounting) of the times we've shared your PHI by submitting a written request to our Privacy Officer. The list will not cover some but not all disclosures (i.e., PHI given to you, or given to others for treatment, payment or healthcare operations purposes). Your request must state in what form you want the list (i.e. paper or electronically) and the time period you want us to cover, which may be up to but not more than the last 6 years (excluding dates before April 14, 2003). If you ask us for this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee to respond.

To Request Restrictions

You may ask us not to use or disclose any part of your PHI for a particular reason related to treatment, payment or healthcare operations. We will consider your request, but we are not legally obligated to agree to a requested restriction except for in the following situation: If, at the time of service, you have paid for the service out-of-pocket in full, you may request that we not disclose information related solely to that service to your health plan. We are required to abide by such a request, except where we are required by law to make the disclosure. Any request for a restriction must in writing and submitted to our Privacy Officer. We will notify you if we cannot accommodate a requested restriction.

To Request Confidential Communications

You may ask us to communicate with you in a confidential manner. Examples might be only contacting you by telephone at your home or using some special email address. We will accommodate these requests if they are reasonable and if you agree to pay any additional cost, if any, incurred in accommodating your request. Requests for special communication requests must be made to the Privacy Officer.

To Receive a Copy of this Notice

You may obtain additional copies of this Notice from our business office or online at our website.

BREACH NOTIFICATION

It is our duty to determine whether a breach of information has occurred. In the unlikely event of a breach of your personal information, we are obligated and will promptly inform you of such an event.

QUESTIONS, CONCERNS OR COMPLAINTS

If you have any questions or want more information about this Notice or how to exercise your privacy rights, please contact the Privacy Officer in this Notice.

If you think that we have not respected the privacy of your health information, you are free to complain to the Privacy Officer. We are more than happy to try to resolve any concern you may have in writing. If we cannot resolve your concern at that level, you may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights or the Kansas Attorney General's Office. We will not retaliate against you if you make such a complaint.

Grace Dental, P.A.:

Privacy Officer: Martin VanHorn
Address: 12611 Antioch Road
Overland Park, KS 66213
Phone: 913-685-9111
Fax: 913-685-8486
Email Address: info@GraceDental.com

U.S. Department of Health and Human Services, Office for Civil Rights:

Address: 200 Independence Ave., S.W.
Room 509F HHH Bldg.
Washington, DC 20201
Email: OCRCComplaint@hhs.gov

CHANGING OUR NOTICE OF PRIVACY PRACTICES

We reserve the right to change our privacy practices (by changing the terms of this Notice) at any time as authorized by law. If we change this Notice, the new privacy practices will apply to your existing health information as well as any additional information generated in the future. If we change this Notice, we will post a new Notice in our office(s) and on our website.