

Dr. Eugene E. Oja Jr., D.D.S., P.C.

HIPAA NOTICE OF PRIVACY PRACTICE EFFECTIVE JANUARY 1, 2016

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

The Dental Practice Covered By This Notice: This Notice describes the privacy practices of Dr Eugene E Oja Jr., DDS "We and "our" means the dental practice. "You" and "your" means our patient. "PHI" means personal health information.

Information Covered by this Notice: This Notice applies to PHI about you that we create or receive and that identifies you. This Notice tell you about the ways we may use and disclose your health information. It also describes your rights and certain obligations we have with respect to your health information. 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 this Notice while it is in effect. This Notice will remain in effect until we replace it.

Our Use and Disclose of Your Personal Health Information (PHI) Without your Written Authorization

Treatment. We may use and disclose your PHI for your dental treatment. We may disclose your health information to dental specialists, physicians or other health care professionals involved in your care.

Payment. We may use / disclose your PHI to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claim management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or a third party.

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.

Appointment Reminders. We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, voicemail, email or text message.

Individuals Involved in Your Care or Payment for Your Care. We may disclose your PHI to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Less Common Reasons for Use and Disclosure of Patient Health Information (PHI).

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 disclose your PHI for public health activities and purposes, which include: preventing or controlling disease, injury or disability; reporting births or deaths; reporting child abuse or neglect; reporting adverse reactions to medications or foods; reporting product defect; enabling product recalls; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Victims of Abuse, Neglect or Domestic Violence. We may disclose health information to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.

Law Enforcement. We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Lawsuits and Legal Actions. We may disclose patient health information in response to (i) a court or administrative order or (ii) a subpoena, discovery request, or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested.

Coroners, Medical Examiners, and Funeral Directors. We may release your PHI to a coroner or medical examiner or funeral director to allow them to carry out their duties.

Research. We may disclose your PHI for research purposes pursuant to patient authorization waiver approval by an Institutional Review Board or Privacy Board.

Serious Threat to Health or Safety. We may use or disclose PHI if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.

Specialized Government Functions. We may disclose patient health information to the military (domestic or foreign) about its members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance review, and to a jail or prison about its inmates.

Worker's Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Your Written Authorization for Any Other Use or Disclosure of Your Personal Health Information

We will make other uses and disclosures of PHI not discussed in this Notice only with your written authorization. You may

revoke that authorization at any time in writing. Upon receipt of the written revocation, we will stop using or disclosing your PHI for the reason covered by the authorization going forward.

Your Rights with Respect to Your Personal Health Information

You have the following right with respect to certain health information that we have about you (information in a Designated Record Set as defined by HIPAA). To exercise any of these right, you must submit a written request to our Privacy Official listed on the last page of this Notice.

Access. You have the right to look at or get copies of your PHI, with limited exceptions. You must make the request in writing 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 an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee to cover our cost to provide you with copies of your PHI. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Amend. If you believe that your PHI is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances. You will receive written notice of a denial and can file a statement of disagreement that will be included with your PHI that you believe is incorrect or incomplete.

Request a Restriction. You have the right to request additional restrictions on our use or disclosure of your PHI. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Confidential communications: Alternative Means, Alternative Locations You have the right to request that we communicate with you about your health information by alternative means or alternative locations. We will accommodate reasonable requests if you indicate that communication by regular means could endanger you. You must submit a written request to the Privacy Official listed on the last page of this Notice, and need to provide an alternative method of contact or alternative address and indicate how payment for services will be handled.

Disclosure 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 in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.

Receive a Paper Copy of this notice. You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail).

We have the Right to Change Our Privacy Practices and This Notice

We reserve the right to change the terms of this Notice at any time. Any change will apply to the PHI we have about you or create or receive in the future. We will promptly revise the Notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this Notice. We will post the revised Notice on our website (if applicable) and in our office and will provide a copy of it to you on request. The effective date of this Notice (including any updates) is in the top right-hand corner of the Notice.

Questions and Complaints

If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting our Privacy Official listed on this page of the Notice. You may also file a written complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

The privacy of your health information is important to us. We will not retaliate against you in any way if you choose to file a complaint.

Our Privacy Official: Dr. Eugene E.Oja Jr., D.D.S Mailing Address: PO Box 3255 Estes Park, CO 80517

Telephone and Fax: 970-586-8180 E-mail: info@eeojadds.com

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at 970-586-8180
Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name: _____ **Signature** _____

Date _____

For Office Use Only: We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but it could not be obtained due to: () Individual refused to sign () Communication barriers prohibited obtaining acknowledgement () Emergency situation prevented obtaining acknowledgement () Other _____