

## **HIPPA Privacy**

### Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

### Our Pledge Regarding Health Information

Hiser Orthodontics takes the protection of your personal information seriously, and we are committed to protecting health information about you. Protected Health Information is information that may identify you and that relates to your past, present, or future physical or mental health or condition; the provision of health care products and services to you; or the payment for such services. In certain circumstances, pursuant to this Notice, patient authorization, or applicable laws and regulations, protected health information can be used by Hiser Orthodontics or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category. This Notice of Privacy Practices ("Notice") is provided to describe the ways in which we may use and disclose your protected health information and to notify you of your rights with respect to protected health information in our possession.

In this Notice, "we" includes all of Hiser Orthodontics locations. Hiser Orthodontics is required by law to maintain the privacy of your protected health information, to provide individuals with Notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms described in this Notice.

### Hiser Orthodontics Obligations

We are committed to:

- Making sure that health information that identifies you is kept private.
- Providing you with this Notice.
- Following the terms of the Notice that is currently in effect.
- Notifying you, after management's review, if we are unable to agree to a requested restriction on how your information is used or disclosed.
- Accommodating reasonable requests for communications of your health information in a particular manner or to a location other than your permanent address.
- Obtaining your written authorization to disclose your health information for reasons other than those listed above and required by law.
- Notifying you following a breach of your protected health information if it is determined that a breach has occurred.

### How We May Use Your Health Information

## For Treatment

We may use and disclose your health information to provide, coordinate or manage your medical treatment or related services. This medical information may be disclosed to anyone at the practice involved in your care. We may also share your medical information with health care providers and their staff outside Hiser Orthodontics, such as pharmacies. We may use and disclose health information to tell you about or recommend different ways to treat you.

## For Payment

We may use and disclose your health information to bill and collect payment for treatment and services that you receive from us or from other health care providers.

For example, a bill may be sent to you or to your insurance company. The bill will contain information that identifies you, as well as your procedures and supplies used in the course of treatment so your insurance company can provide payment. Your dental plan or insurance company may also need information about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment. In certain situations, you may request that we not send information about your treatment to your dental plan or insurance company. See instructions for requesting a restriction under Your Health Information Rights.

## For Orthodontic Care Operations

We may use and disclose health information about you for Hiser Orthodontics health care operations. These uses and disclosures are necessary to run Hiser Orthodontics and to monitor the quality of care our patients receive.

For example, your health information may be disclosed to members of the staff, quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your case and similar cases;
- Provide training to our staff;
- Learn how to improve our facilities and services; and
- Determine how we can make improvements in the care and services we provide.

## To Individuals Involved in Your Care or Payment for Your Care

We may share information about your care or condition with an authorized representative, a family member, or another person identified by you or who is involved in your care or payment for your care. If you do not want information about you released to those involved in your care or payment for your care, see instructions for requesting a restriction under Your Health Information Rights.

**Other Disclosures.** Incidental disclosures of your health information may take place in the health care setting and are allowed by law.

## How We May Disclose Your Health Information Outside of Hiser Orthodontics without Your Authorization

### Business Associates

We may share your protected health information with outside companies that perform services for us such as accreditation, legal, computer, or auditing services. These outside companies are called "Business Associates" and are required by HIPAA and by contract to keep your medical information confidential.

### To You or Your Personal Representative

We may disclose your protected health information to you, or a representative appointed by you or designated by applicable law.

### When Required or Permitted by Law

We may disclose health information about you when required or permitted to do so by federal, state or local laws

### Judicial and Administrative Proceedings

We may disclose your health information to respond to a court or administrative order, subpoena, discovery request or other lawful process in accordance with applicable law.

### Law Enforcement

We also may disclose information about you to law enforcement in certain circumstances to provide certain information about persons involved in motor vehicle accidents, to report suspected criminal conduct committed at Hiser Orthodontics, to locate a suspect, fugitive, victim or missing person, or concerning an incapacitated victim of a crime. Hiser Orthodontics will adhere to state laws that require the reporting of certain information and that limit the information that can be disclosed to law enforcement in certain instances.

### For Public Health Risks

We may disclose your information for the following public health activities:

- To prevent or control disease, injury or disability.
- To report certain injuries or illnesses.
- To report reactions to medications or problems with products.
- To notify you of recalls of products you may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

### To Avert a Serious Threat to Health and Safety

We may disclose health information about you to avert a serious threat to your health or safety or that of any other person or the public.

#### Active Duty Military Personnel and Veterans

If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined, to comply with military health surveillance requirements, or for an activity necessary to carry out the military mission. We also may release health information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs health information about you to determine whether you are eligible for certain benefits.

#### Treatment Alternatives

We may use and disclose health information to tell you about or recommend different ways to treat you.

#### Compensation

If you seek treatment for a work-related illness or injury, we may disclose your health information about your treatment for such illness or injury in order to comply with laws and regulations related to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### Your Health Information Rights

You have the following rights with respect to your protected health information.

Request a restriction on uses and disclosures of your health information. Except where we are required by law to disclose the information, you have the right to ask us not to use or disclose certain health information we maintain about you. Hiser Orthodontics is not required to agree to your request, with the exceptions described below. If we do agree, we will comply with your request. To request restrictions, you must tell us:

- (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, for example, disclosures to your spouse.

Request to not disclose health information to your dental plan or insurance company. You may request that we not disclose your health information to your dental plan or insurance company for some or all of the services you receive during a visit to any Hiser Orthodontics location. If you pay in advance the charges in full for those services you don't wish to disclose, we generally are required to agree to your request unless the disclosure is for treatment purposes or is required by law. "In full" means the amount we charge for the service, not your copay,

coinsurance, or deductible responsibility when your dental plan or insurer pays for your care. There may be limitations on our ability to agree to your request, including, for example, if you want to restrict disclosure of only some of a group of items or services provided in a single visit where the group of services is typically bundled together for payment. Please note that once information about a service has been submitted to your dental plan or insurance company, we cannot agree to your request. If you think you may wish to restrict the disclosure of your health information for a certain service, please let us know as early in your visit as possible.

**Request to inspect and obtain a copy of your health record.** Your health information is contained in records that are the physical property of Hiser Orthodontics. With certain exceptions, you have the right to request to inspect and obtain a copy of your medical information that may be used to make decisions about your care. You also have the right to request that the copies be provided electronically. You may request that we send an electronic copy to any person or entity you designate in writing, and we will do so if you clearly identify the person or entity and where to send the information. To inspect, receive a copy, or have us send a copy of your health information to someone else, submit a request in writing. We may charge a fee for the costs associated with providing you or a third party paper or electronic copies of your records. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. Hiser Orthodontics maintains original health information records for the periods required by law and then destroys such records pursuant to its records destruction policy and applicable law.

**Request to correct or amend information in your health record.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing that provides a reason supporting your request. Please be specific about the information that you believe is incorrect or incomplete. If we determine that the health information is incorrect or incomplete, we will revise your record. If we deny your request, you will be notified in writing, and you may submit a written statement of disagreement and ask that it be included in your medical record.

**Request confidential communications.** You have the right to request that we communicate with you about health information in a certain way or at a location other than your home address. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. We will accommodate all reasonable requests and will not ask you the reason for your request. It is your responsibility to make sure we have your correct address and contact information. Your request must specify how or where you wish to be contacted.

You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

**Right to be notified of a breach.** If we determine that a breach of your unsecured protected health information has occurred, we will notify you in writing about the breach and tell you what

we have done or intend to do to mitigate the damage (if any) caused by the breach, and about what steps you should take to protect yourself from potential harm resulting from the breach.

Changes to this Notice. Hiser Orthodontics reserves the right to change the terms of this Notice and to make the new provisions effective for all protected health information it maintains about you.

Revised Notices will be made available to you by posting them on our Website at [www.hiserortho.com](http://www.hiserortho.com), and upon your request we will provide you with a copy of the most recent version of our Notice.

### Complaints

You will not be penalized or retaliated against for filing a complaint. If you believe your rights have been violated, you may file a complaint with Hiser Orthodontics or with the United States Secretary of the Department of Health and Human Services. To submit a complaint to the Department of Health and Human Services, you must contact the Office for Civil Rights of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. Some states may allow you to file a complaint with the State's Attorney General, Office of Consumer Affairs, or other state agency as specified by applicable state law. To file a complaint with Hiser Orthodontics, submit your complaint in writing.

### Non-Discrimination

Hiser Orthodontics does not discriminate on the basis of race, ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, veteran status, or any other protected characteristic under applicable law.

### Notice of Nondiscrimination

Hiser Orthodontics complies with applicable civil rights laws and does not discriminate, exclude, or otherwise treat individuals differently on the basis of race, ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, veteran status, or any other protected characteristic under applicable law.