

FOX KIDS DENTISTRY & ORTHODONTICS, LLC

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.

If you have any questions about this Notice, please contact our Privacy Officer.

Your Rights When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

- **Get a copy of your paper or electronic medical record**
 - You can ask to see or get an electronic copy of your medical record and other health information we have about you. Ask us how to do this.
 - If you request, we will provide a copy or a summary of your health information, usually within 30 days of your request. In certain situations, we may deny your request. If we do, we will tell you our reasons for the denial and explain your right to have the denial reviewed.
 - We may charge a reasonable, cost-based fee for supplying copies of your information. We will provide you a reasonable estimate of the cost prior to fulfilling your request and you may withdraw your request based on that estimate.
- **Correct your paper or electronic medical record**
 - You may request in writing for us to correct health information about you that you think is incorrect or incomplete. Your request must specify what information you think is inaccurate or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communication**
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- **Ask us to limit the information we share**
 - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared your information**
 - You can ask for an accounting of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will respond within 60 days of receiving your written request and include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you**
 - If you have given someone medical power of attorney or if someone is your parent or legal guardian, the representative of your estate, or, in certain circumstances, your surviving spouse, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you believe your privacy rights have been violated**
 - You can complain if you feel we have violated your rights by contacting our Privacy Officer:

DR. DANA FOX
511 SW 10TH AVE, SUITE 810
PORTLAND, OR 97205
503-223-5039

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights:

Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue - M/S: RX-11
Seattle, WA 98121-1831
Voice Phone (800) 368-1019
FAX (206) 615-2297

or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

- We will not retaliate against you for filing a complaint.

Your Choices For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want to do, and we will follow your instructions.

- **In these cases, you have both the right and choice to tell us to:**
 - Share information with your family, close friends and others involved your care
 - Following your death, share with a member of your family, close friend, and any other person you identify, information that directly relates to that person’s involvement in your health care or payment for your health care prior to your death
 - Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- **In these cases we never share your information unless you give us written permission:**
 - Marketing and fundraising purposes
 - Sale of your information
 - Most sharing of psychotherapy notes

Our Uses and Disclosures

We typically use or share your health information in the following ways.

- **Treat you:** We can use your health information and share it with other professionals who are treating you.

- *Example:* A doctor treating you for an injury asks another doctor about your overall health condition.
- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
 - *Example:* We use health information about you to manage your treatment and services.
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.
 - *Example:* We give information about you to your health insurance plan so it will pay for your services.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- **Help with public health and safety issues:** We can share health information about you for certain situations, such as:
 - Preventing or controlling disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
 - Reporting deaths or births
- **Do research:** We can use or share your information for health research. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.
- **Comply with the law:** We will share information about you if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- **Respond to organ and tissue donation requests:** If you are an organ donor, we may share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers’ compensation or law enforcement and other government requests:** We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- **Military, Veteran Affairs, or National Security requests:** If you are or were a member of the armed forces, or part of a national security organization, we may be required to release information about you to military or government authorities. We may also release information about foreign military personnel to authorized foreign authorities.
- **Respond to lawsuits and legal actions:** We can share health information about you in response to a court order or administrative order, or in response to a subpoena consistent with state law.
- **Non-identifiable Information:** We may disclose health information about you provided that it includes no information by which you can be personally identified.
- **Family and Friends:** We may disclose your health information to your family or friends with your verbal permission. We may also disclose information in situations in which we reasonably

believe you would not object. For example, if you bring a family member or friend into the exam room during treatment or consultation. If you are incapable of giving consent, we may use our professional judgment to determine if releasing your health information is in your best interest.

Other Uses or Disclosures

We will not use your information other than for the purposes listed above without your written consent. If you give consent, you may revoke that consent, in writing, at any time. If you revoke your consent, we will cease disclosing your information, but we cannot recall information that had previously been shared.

Despite notice of these privacy practices, we may be required to get specific written consent from you for certain types of specially-protected information such as substance abuse information for treatment, payment and healthcare operations.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice We can change this Notice, and the changes will apply to all information we have about you. The new notice will be available upon request and in our office.

Effective Date of this Notice This Notice was published and becomes effective on March 18, 2014.