

Dr. Ross G. Kaplan

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.

Please review it carefully

OUR LEGAL DUTY

We are required by applicable law to maintain the privacy of your health information and to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. This Notice takes effect 1/1/2003.

We reserve the right to change our privacy practices and the terms of this Notice at any time effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make any significant changes, we will change this Notice and make the new Notice available upon request. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may disclose your health information to a dentist, dental specialist, physician or other healthcare provider providing treatment to you or who we may refer you to for treatment.

Payment: We may use and disclose your health information to obtain payment for services we provide you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Our clinical facility has an open operatory. During treatment appointments, Dr. Kaplan usually gives verbal instructions to the orthodontic assistant providing your care. These instructions may be overheard by others in the operatory at the time. If you wish these instructions to be given in writing, then you must sign a form making such a request. Questions asked by you in the operatory regarding your treatment or that of your child, and the associated discussion regarding you or your child's treatment details, treatment compliance and oral hygiene compliance and other factors may be overheard in the operatory by others. If you wish these discussions to be held in private, then you must sign a form making such a request. This office has found that patients and parents enjoy seeing anonymous facial photos on our photo board. If you do not wish to have you or your child's anonymous facial photo displayed, you must sign a form making such a request.

Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke this authorization 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 written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may disclose health information to notify, or assist in the notification of a family member, your personal representative or another person responsible for your care of your general condition. If you are present, then prior to disclosure we will provide you with an opportunity to object to such disclosures. In the event of your incapacity or emergency circumstances we will disclose only health information that is directly relevant to the person's involvement in your healthcare. We will use our experience to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, x-rays or other forms of health information.

Marketing Health-Related Services: We will not use health information for marketing communications without your written authorization.

Required by Law: We may disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel 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.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, postcards or letters.

PATIENT RIGHTS

Access: You have the right to review or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. We will charge you a reasonable cost based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$10.00 for the first page and

\$0.50 for each additional page: \$15 per hour for staff time to locate and copy your health information plus postage if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

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 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for fulfilling these additional requests.

Restrictions: You have the right to request **in writing** that we place additional restrictions on our use or disclosure of your health information. 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 **in writing** that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request **in writing** that we amend your health information. You must explain why the information should be amended. We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

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 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. You may also submit a written complaint to the US Department of Health and Human Services whose address we will provide you with upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you chose to file a complaint with us or with the US Department of Health and Human Services.

Contact Officer:
Ross G. Kaplan

Telephone: 503-588-2404

Address: 1790 Liberty St. SE Salem, OR 97302