

Warsaw Orthodontics, P.C.
850 Provident Drive, Warsaw, IN 46580
574-269-3621

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.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices please contact us using the information listed at the end of this Notice.

How We May Use and Disclose Health Information About You

- For treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example, we may disclose health information to your family dentist, oral surgeon, or other healthcare provider so that they can determine the most appropriate care for you or we may disclose information to other people in order to coordinate your care such as pharmacies that fill your prescriptions.
- Payment: We may use and disclose your health information to obtain payment for services we provide you. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.
- Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. For example, we may use your health information to evaluate the performance of our staff in caring for you.
- Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as appointment reminder services, voicemail messages, postcards, or letters).
- To avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Required By Law: We will use or disclose your health information when we are required to do so by federal, state or local law.
- National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- Research: We may use or disclose personal or health information for research purposes in limited circumstances.
- Workers' Compensation: We may use and disclose information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Public Health Risks: We may use or disclose information about you for public health reasons in order to prevent or control disease, injury or disability, or report deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- Health Oversight Activities: We may use or disclose health information to a health oversight agency for audits, investigations, or inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.
- Lawsuits and Disputes: We may use or disclose your personal and health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- Law Enforcement: We may use or disclose information to law enforcement officials concerning personal and health information of a suspect, fugitive, material witness, crime victim or missing person. We may use or disclose the personal and health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution.

- **Family and Friends:** We may use and disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of personal health information to a family member or friend when they accompany your child to an appointment. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you or your child to an emergency visit in where teeth were dislodged due to an accident condition and long-term prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, elastics, x-rays, or other similar forms of health information.
- **Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.
- **Your Authorization:** In addition, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it 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 a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Your Rights Regarding Health Information About You

- **Right to Inspect and Copy:** You have the right to inspect and get copies of your health information. You must submit a written request in order to inspect and / or request a copy of your health information. If you request a copy, they will be provided to you at a reasonable fee for the costs of copying, mailing or other associated supplies. If you request to inspect your health information in the office an appointment time will be scheduled with a staff member for a set length of time. We may deny your request to inspect and / or for a copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. You may submit this request in writing by obtaining a form from Thomas A. Moryl, D.D.S., Inc.
- **Right to Amend:** You have the right to request that we amend your health information if you believe health information we have about you is incorrect or incomplete. You must complete and submit a request explaining what information should be amended and why it should be amended. We may deny your request if we did not create the information you want amended, we do not maintain the information, or the information is accurate and complete or under other certain circumstances. If we deny your request, we will provide you a written explanation of the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures of that information. You may submit this request in writing by obtaining a form from Thomas A. Moryl, D.D.S., Inc.
- **Right to an Accounting of Disclosures:** You have the right to receive an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and healthcare operations and other certain activities for the last 6 years but not before April 14, 2003. You must submit your request in writing to receive a disclosure accounting. 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 these additional requests. You may submit this request in writing by obtaining a form from Thomas A. Moryl, D.D.S., Inc.
- **Right to Request Restrictions:** You have the right to request a restriction or limitations on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). You may submit this request in writing by obtaining a form from Thomas A. Moryl, D.D.S., Inc.
- **Right to Alternative Communications:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. For example, you can ask that we only contact you at work or by mail. You must make your request in writing and your request must specify the alternative means or locations, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. We will not ask you the reason for your request. We will make an effort to accommodate all reasonable requests. You may submit this request in writing by obtaining a form from Thomas A. Moryl, D.D.S., Inc.

Questions and Complaints

If you have questions or concerns about our privacy practices, please contact us.

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with our office, contact our privacy officer at 574-269-3621. We will provide you with the address to file a complaint with the U.S. Department of Health and Human Services upon request. You will not be penalized for filing a complaint with us or with the U.S. Department of Health and Human Services.