### Frank A. Cornella, DDS,MD Oral Surgery of Springfield

3237 E. Sunshine Ste. B Springfield, MO 65804 P# 417-881-4546 F# 417-883-0443 oralsurgeryofspringfield.com



# YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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.

#### **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.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days or your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect 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 Communications

- 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.

Continued on next page

#### **YOUR RIGHTS** continued:

### Ask us to limit what we use or share

- You can ask us **not** to use or share certain information for treatment, payment, or 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 law requires us to share that information.

# Get a list of those with • whom we've shared Information

- You can ask for a list (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 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 chare a reasonable, cost-based fee if asked 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 legal guardian, 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 take any action.

# File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Right by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775, 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 us to do, and we will follow your instructions.

### In the cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or other involved in your care.
- Share your information in a disaster relief situation.
- Include your information in a hospital directory
- Contact you for fundraising efforts.

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 and safety.

### In these cases we never share your information unless you give us written information:

- Marketing purposes
- Sale of your information
- · Most sharing of psychotherapy notes

In the case of fundraising: • We may contact you for fundraising efforts, but you can tell us not to contact you again.

### Our Uses and Disclosures:

How do we typically use or share your health information? We typically use or share your health information in the following ways.

<b>Treat you:</b> • We can use your health information and share 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 neces	Example: We use health information about you to manage your treatment and services. sary.

### services:

**Bill for your** • We can use and share your health information *Example:* We give information to bill and get payment from health plans or other entities.

about you to your health Insurance plan so it will pay for your services.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways—usually 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	• We can share health information about you for certain situations such as:		
and safety issues:	<ul> <li>Preventing disease</li> </ul>		
·	Helping with product recalls		
	<ul> <li>Reporting adverse reactions to medications</li> </ul>		
	<ul> <li>reporting suspected abuse, neglect or domestic violence</li> </ul>		
	<ul> <li>Preventing or reducing a serious threat to anyone's health or safety</li> </ul>		
Do research:	• We can use or share information for health research		
Comply with the law:	• We will share information about you if state or federal laws require it. including with the Department of Health and Human services if it wants to see that we're complying with federal privacy laws.		
Respond to organ and tissue donation requests:	• We can share health information about you with organ procurement organizations.		
Work with medical	We can share health information with a coroner, medical examiner or		
examiner or funeral directo	r: funeral director when an individual dies.		
Address workers'	• We can use or share information about you;		
compensation, law	• For workers' compensation claims		
enforcement and other	• For law enforcement purposes or with law enforcement official		
government requests:	• With health oversight agencies for activities by law		
	<ul> <li>For special government functions such as military, national security and presidential protective services.</li> </ul>		
Respond to lawsuits and	• We can share health information about you in response to a court or		
legal actions:	administrative order, or in response to a subpoena.		

#### **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 right, 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 use or 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 also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.
- We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with or with the U.S. Department of Health and Human Services.

### 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 change your mind.
- How we protect your data: We have developed privacy policies to protect your PHI. All employees are trained on these policies when they are hired and thereafter receive annual refresher training. Employees that violate our privacy policies are subject to disciplinary action.
- We have developed a variety of other safeguards for protecting your information including: (i) using only aggregate or non-identifiable information when feasible;(ii) requiring confidentiality provisions in our contracts with third parties to protect the confidentiality of your personal information and restrict use and disclosure of this information; (iii) Implementing access control procedures such as pass codes to access computer systems (iv) using physical security measures in our facilities to restrict access to personal information, and (v) utilization of email encryption services for all email communications involving your PHI.
- How we may dispose of your PHI: proper disposal methods may include (but are not limited to): Shredding or otherwise destroying PHI in paper records so that the PHI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed prior to it being placed in a dumpster or other trash receptacle. Maintaining PHI for disposal in a secure area and using a disposal vendor as a business associate to pick up and shred or otherwise destroy the PHI. In justifiable cases, based on the size and the type of the covered entity, and the nature of the PHI, depositing PHI in locked dumpsters that are accessible only by authorized persons, such as appropriate refuse workers. For PHI on electronic media, destroying the media (disintegration, pulverization, melting, incinerating, or shredding).

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

### **Changes to the Terms of This Notice:**

We can change the terms of this notices and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our web site.

**January 1, 2023** 

If you have any question or concerns please contact:

Gayle Cornella, RN, BSN Manager Oral Surgery of Springfield 3237 E. Sunshine #B, Springfield, MO 65804-6919 phone: 417-881-4546 fax: 417-883-0443 ddd@oralsurgeryofspringfield.com