



Dr V Escobar

Oral Maxillofacial Surgery
Dental Implant Center

HIPAA NOTICE OF PRIVACY PRACTICES

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.

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care/dental operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health/dental information. "Protected health/dental information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health/dental care services.

Uses and Disclosures of Protected Health/Dental Information: Your protected health/dental information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the propose of providing health/dental care services to you, to pay your health/dental care bill, to support the operation of the organization, and any other use required by law.

Treatment: We will use and disclose your protected health/dental information to provide, coordinate, or manage your health/dental care and any related services. This includes the coordination or management of your health/dental care with a third party. For example, we would disclose your protected health/dental information, as necessary. For example, your protected health/dental information may be provided to a physician or dental practice to whom you have been referred to ensure that the physician/dentist has the necessary information to diagnose or treat you.

Payment: Your protected health/dental information will be used, as needed, to obtain payment for your health/ dental care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health/dental information be disclosed to the health/dental plan to obtain approval for coverage.

Healthcare Operations: We may use or disclose, as needed, your protected health/dental information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health/dental information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary to contact you to check the status of your equipment.

We may use or disclose your protected health information in the following situations without your authorization: As Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security, and Worker's Compensation. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

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Other Permitted and required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician/dentist or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: Following is a statement of your rights with respect to your protected health/dental information.

You have the right to inspect and copy your protected health/dental information: Under federal law, however you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, civil, criminal, or administrative action or proceeding, and protected health/dental information that is subject to law that prohibits access to protected health/dental information.

Our organization is not required to agree to a restriction that you may have requested. If our organization believes it is in your best interest to permit use and disclosure of your protected health/dental information, your protected health/dental information will not be restricted. You then have the right to use another Healthcare/Dental Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, e.g., electronically.

You may have the right to have our organization amend your protected health/dental information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health/dental information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health/dental information, if you have any questions concerning or objections to this form, please ask to speak with our Office Manager in person or by phone at 217-366-1246.

Associated companies with whom we may do business, such as an answering service, delivery service, labs etc. are given only enough information to provide the necessary service to you.

We welcome your comments: Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.