

ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES OF WNY, PC
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 this notice carefully. The Privacy of YOUR health information is important to us.

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 1/1/2016 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, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES HEALTH INFORMATION: We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

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

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

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.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, 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 is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any use except those described in this notice.

To Your Family and Friends: We may disclose information to a family member, friend or other person to the extent necessary to help with your healthcare or payment of your healthcare – with your written or verbal permission.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

NOTICE OF PRIVACY PRACTICES-

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

Required by Law: We may use or disclose your health info when we are required to do so by 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 disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with an appointment reminder (such as voicemail, postcards, cell phone messages or letters).

PATIENT RIGHTS:

Access: You have the right to look at or get copies of our health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot do so. (You must make a request in writing to obtain access to your health information.) You may obtain a form to request access by using the contact information listed at the end of this notice. 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 \$.75 (seventy five cents) per page and currently \$00.00 for staff time to locate, and copy your health information with additional postage if you require the documents mailed. We will supply you with documentation if requested on the total fee for copies of your health information.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to the restrictions, but if we do, we will abide by our agreement except in the case of 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 as to how payments will be handled under the alternative means or location.

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

Electronic Notice: If you receive this notice on our website you are entitled to a written copy.

QUESTIONS OR COMPLAINTS:

If you would like more information on our privacy practices or have questions or concerns, please contact us. If you are concerned we may have violated your privacy rights, or you disagree with a decision we made about access to your health information you may register a complaint to us using the contact information listed at the end of this notice. You also may submit a written complaint to the US Department of Health and Human Services. We will supply the address upon request. We will not retaliate in any way should you decide to file a complaint with us or the US Department of health and Human Services.

CONTACT OFFICER: DONNA LUH 716-675-9777 FAX: 716-675-9645

WEBSITE: www.oralurgeryofwny.com

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