

## **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.**

By law, Pleasant Hill Oral Surgery Dental Practice of James Han, DDS, Inc. (hereinafter referred to as “Pleasant Hill Oral Surgery”) must keep protected health information private. The federal government defines protected health information as any information, whether oral, electronic or paper, which is created or received by Pleasant Hill Oral Surgery and relates to a patient’s physical or mental health or condition, or payment for the provision of dental/medical services. This includes not only the results of tests and notes written by doctors, nurses and other clinical personnel, but also certain demographic information (such as your name, address and telephone number) that is related to your health records.

Pleasant Hill Oral Surgery is required by law to give you this notice and to follow the terms and conditions of the notice that is currently in effect. Pleasant Hill Oral Surgery will report breaches of your unsecured protected health information as required by law.

How Pleasant Hill Oral Surgery fulfills these duties

- Pleasant Hill Oral Surgery considers patient privacy as part of its mission to serve the needs of the patient first.
- Pleasant Hill Oral Surgery takes necessary precautions against inappropriate use or disclosure of protected health information.
- Pleasant Hill Oral Surgery employees are expected to access protected health information only as necessary to perform their jobs.
- Pleasant Hill Oral Surgery employees who violate these rules and policies are subject to sanctions, including discipline and termination.

### **The Health Care Providers Covered By This Notice**

This notice covers Pleasant Hill Oral Surgery and Pleasant Hill Oral Surgery doctors, staff, and any student volunteers. The notice also covers other health care providers that come to Pleasant Hill Oral Surgery’s facility to care for patients (such as dentists, laboratory technician, and other health care providers not employed by Pleasant Hill Oral Surgery), unless these other health care providers give you their own notice of privacy practices that describes how they will protect your protected health information. Pleasant Hill Oral Surgery may share your protected health information with other health care providers for their treatment, payment and health care operations. This arrangement is only for sharing information and not for any other purpose.

### **A Word about Federal and State Law**

Federal and state laws require Pleasant Hill Oral Surgery to protect your medical information and federal law requires Pleasant Hill Oral Surgery to describe to you how we handle that information. When federal and state privacy laws differ, and the state law is more protective of your information or provides you with greater access to your information, then state law will override federal law. We will follow the more stringent state law requirements.

### **Part I - Most Common Uses and Disclosures**

This section describes the most common circumstances in which Pleasant Hill Oral Surgery may use or disclose protected health information.

## **Treatment**

Pleasant Hill Oral Surgery will use and disclose protected health information to provide, coordinate or manage your care. This includes communication and consultation between health care providers - dentists, doctors, nurses, technicians, pathology laboratories, and other members of your dental/medical team. This applies to disclosures for treatment purposes to health care providers both within and outside of Pleasant Hill Oral Surgery. For example, following a biopsy surgery, your dentist and surgeon may jointly refer you to see another specialist for further cares. Information will be shared between caregivers to ensure continuity of care.

### *Additional Applicable State Law Requirements*

California Law generally requires patient consent for disclosures of protected health information by Pleasant Hill Oral Surgery for treatment purposes, unless the disclosure is due to a medical emergency.

## **Payment**

Pleasant Hill Oral Surgery will use and disclose protected health information to create bills and collect payment from insurance companies, Medicare and other payers. This may include providing information such as dates of service, symptoms, and diagnosis to your insurance company to show that Pleasant Hill Oral Surgery provided medical services to you. Pleasant Hill Oral Surgery also may disclose protected health information to another health care provider if such information is needed by the other health care provider to obtain payment for medical services provided to you.

## **Health care operations**

Pleasant Hill Oral Surgery will use and disclose protected health information if it is necessary to perform and improve the quality of care we provide to patients. These include activities to monitor and improve patient care, license staff to care for patients, prepare for state and federal regulatory reviews.

Pleasant Hill Oral Surgery may also disclose protected health information to another health care provider who has treated you, or to your insurance company, if such information is needed for certain health care operations of the health care provider or insurance company, such as quality improvement activities, evaluations of health care professionals, and state and federal regulatory reviews.

## **Patient contacts**

At times, Pleasant Hill Oral Surgery may access information, such as your name, address and general medical condition to contact you to:

- set up or remind you about future appointments; provide information about treatment alternatives or other information that may be of interest to you; or
- disclose health-related benefits or services that may be of interest to you.

Upon arriving at our office, we may use and disclose medical information about you by asking that you sign an intake sheet at our front desk. We may also announce your name when we are ready to see you.

## **Family Members and Others Involved in Your Care**

Pleasant Hill Oral Surgery may disclose relevant protected health information to a family member or friend who is involved with your care. We find that many patients want us to discuss their care with their family members and others to keep them up-to-date on your care, to help you understand your care, to help in handling your bills, or to help in the scheduling of your appointments. In a disaster situation, we also may disclose relevant protected health information to disaster relief organizations to help locate your family members or friends or to inform them of your location, condition or death. If family members or friends are present while care is being provided, Pleasant Hill Oral Surgery will assume your

companions may hear the discussion, unless you state otherwise. If you do not want Pleasant Hill Oral Surgery to disclose your protected health information to your family members or others who are involved with your care or handling your bills, please inform the person assisting you during registration and/or admission.

Pleasant Hill Oral Surgery may also disclose your protected health information to a personal representative who has authority to make health care decisions on your behalf.

## **Part II Other Potential Uses and Disclosures**

This section describes the less common circumstances in which Pleasant Hill Oral Surgery may use or disclose protected health information.

### **To Avert a Serious Threat of Harm**

Pleasant Hill Oral Surgery may use and disclose protected health information to alert those able to prevent or lessen a serious and immediate threat to the health or safety of a patient, another person or the public.

### **Military Personnel**

If a patient is a member of the United States Armed Forces, Pleasant Hill Oral Surgery may release protected health information as required by military authorities. Pleasant Hill Oral Surgery also may release protected health information about foreign military personnel to the appropriate foreign military authority. When the military organization is sponsoring the medical evaluation, the patient's protected health information is shared with both the patient and the sponsoring organization. Patients being evaluated on behalf of the military should be aware of these arrangements.

### **Workers' Compensation**

Pleasant Hill Oral Surgery may disclose protected health information for workers' compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

### **Public Health Purposes**

Pleasant Hill Oral Surgery may disclose protected health information for public health purposes. The following are some examples of releases that are allowed for public health purposes:

- to report to the federal government adverse reactions to medication or safety problems with FDA-regulated products;
- to notify people of product recalls; and to report communicable diseases to local, county, state, and federal health officials.

### **Health Oversight Activities**

Pleasant Hill Oral Surgery may disclose protected health information to health oversight agencies that oversee our operations or personnel. For example Pleasant Hill Oral Surgery may need to disclose protected health information to the state agencies that oversee our health care facilities or licensed health care personnel (e.g., Department of Health, Medical Board, Dental Board), or the federal agencies that oversee Medicare. These agencies need such information to monitor our compliance with state and federal laws.

### **Lawsuits and Other Judicial Proceedings**

Pleasant Hill Oral Surgery may disclose protected health information in response to a valid court or administrative order. Pleasant Hill Oral Surgery also may disclose protected health information in response to certain types of subpoenas, discovery requests or other lawful process.

### **Law Enforcement Activities**

Pleasant Hill Oral Surgery may disclose protected health information to law enforcement officials. For example, we may release protected health information to law enforcement officials:

- in response to a valid court order, grand jury subpoena, or search warrant;
- to identify a suspect, fugitive or missing person;
- about the victim of a crime under certain limited circumstances;
- about a death believed to be a result of criminal conduct; or
- about a crime committed on Pleasant Hill Oral Surgery premises.

### **Coroners, Medical Examiners and Funeral Directors**

Pleasant Hill Oral Surgery may release protected health information to a coroner or medical examiner when necessary to identify the deceased, determine the cause of death or as otherwise authorized by law. Pleasant Hill Oral Surgery also may release protected health information to a funeral director with the consent of a patient's authorized family or legal representative as necessary to carry out the funeral director's duties, including arrangements after death.

### **National Security Activities**

Pleasant Hill Oral Surgery may release protected health information to authorized federal officials for intelligence, counterintelligence or other national security activities authorized by law. Pleasant Hill Oral Surgery also may disclose protected health information to authorized federal officials so they may provide protection to the President or other authorized individuals.

### **Required by Law**

Pleasant Hill Oral Surgery will use or disclose protected health information when required by federal, state, or local laws. For example, Pleasant Hill Oral Surgery is required to report certain gunshot wounds and other injuries that may have resulted from an unlawful act, and abuse or neglect of a child or vulnerable adult.

### **Permitted by Law**

Pleasant Hill Oral Surgery may use or disclose protected health information when permitted by federal, state, or local laws. For example, some Pleasant Hill Oral Surgery entities are permitted to make a report to the Department of Transportation regarding a patient's ability to drive when the report is necessary to prevent or lessen a threat to the health or safety of a person or the public.

### **Uses and Disclosures Pursuant to an Authorization**

Except as described in this notice or specifically required or permitted by law, Pleasant Hill Oral Surgery will not use or disclose your protected health information without your specific written authorization. At times, a Pleasant Hill Oral Surgery may ask you to provide specific written permission to allow the Pleasant Hill Oral Surgery to use or disclose protected health information about you. Pleasant Hill Oral Surgery generally will not use or disclose your protected health

information for marketing purposes, in exchange for remuneration, or use or disclose any mental health related notes about you unless Pleasant Hill Oral Surgery receives your authorization to do so. A valid authorization may be revoked in writing at any time. Written revocation of authorization must be submitted to Pleasant Hill Oral Surgery and addressed to the office manager and doctor(s). Once the authorization is revoked, the Pleasant Hill Oral Surgery will no longer be allowed to use or disclose protected health information for the purposes described in the authorization except to the extent the Pleasant Hill Oral Surgery has already taken action based upon the authorization.

### **Information with Additional Protections**

Certain types of protected health information may have additional protection under federal or state law. For example, protected health information about mental health, HIV/AIDS and genetic testing results is treated differently than other types of protected health information under certain state laws. Additionally, federally assisted alcohol and drug abuse programs are subject to certain special restrictions on the use and disclosure of alcohol and drug abuse treatment information. To the extent applicable, Pleasant Hill Oral Surgery would need to get your written permission before disclosing that information to others in many circumstances.

### **Part III Patients' Rights with Respect to Protected Health Information**

This section describes the rights of Pleasant Hill Oral Surgery patients to protected health information.

#### **Right to Inspect and Copy**

You have the right to inspect and to request a copy of information maintained in Pleasant Hill Oral Surgery's designated medical record about you. This includes medical and billing records maintained and used by Pleasant Hill Oral Surgery to make decisions about your care.

To obtain or inspect a copy of your protected health information, submit a written request to Pleasant Hill Oral Surgery and address the request to the attention of office manager and your doctor(s). Pleasant Hill Oral Surgery generally may charge a reasonable, cost-based fee to cover the expense of providing copies.

#### **Email Communication**

Pleasant Hill Oral Surgery maintains and uses email service that implements the requirement of Health Insurance Portability and Accountability Act (HIPAA). This applies specifically with email addresses ending with "@pleasanthilloralsurgery.com". However, the general public and most patients may not have a similar email security and/or protection in place. Additionally, any unencrypted email is not a secure form of communication. Therefore, please do not submit any personal or private information unless you are comfortable doing so. Please understand that if you email Pleasant Hill Oral Surgery you are authorizing and agreeing to the use of an unsecured method of communication. Furthermore, you are releasing Pleasant Hill Oral Surgery, its doctors, and staff from any and all liabilities which may arise from third party hacking, cybercrime, and/or any mistransmission of emails. If you do not want to authorize such communication, you may simply choose to have your health information communicated via another method (e.g. in person). Additionally, you have the right to revoke the email communication authorization at any time.

#### **Right to Request Alternate Methods of Communication**

You have a right to request that Pleasant Hill Oral Surgery communicate with you in certain ways (such as a letter or by phone) or at a certain location. For example, you may ask that we contact you only at home or only at your place of business. In this situation, you may submit a written request to Pleasant Hill Oral Surgery specifying the communication method or alternative location being requested. The request should be addressed to the attention of office manager and doctor(s). Pleasant Hill Oral Surgery will accommodate reasonable requests. However, if the request could result in

Pleasant Hill Oral Surgery not being able to collect for services or cause significant administrative burden, Pleasant Hill Oral Surgery reserves the right to require you to provide additional information about how payment for services will be handled.

### **Right to Request Amendment**

You have the right to request that your protected health information in Pleasant Hill Oral Surgery's designated medical record be amended. If you wish to request amendment of the information in your record, submit a written request to Pleasant Hill Oral Surgery and address the request to the attention of your doctor(s). The request must include a reason to support the amendment.

Pleasant Hill Oral Surgery may deny a request for amendment based upon any of the following circumstances:

- the request is not in writing or does not include a supporting reason;
- the information you want to change was not created by Pleasant Hill Oral Surgery, and the originator of the information is available to make the amendment;
- the information is not part of the designated medical record; or
- the information in the record is accurate and complete.

If Pleasant Hill Oral Surgery denies your request for an amendment, Pleasant Hill Oral Surgery will give you a written explanation of the denial. If you still disagree with the explanation provided, you can submit your written disagreement to Pleasant Hill Oral Surgery as referenced above, or you can ask that your request for amendment and explanation of the denial, or an accurate summary of such information, be included in any future disclosure of the pertinent protected health information. If you submit a statement of disagreement, Pleasant Hill Oral Surgery may include a rebuttal statement addressing your statement of disagreement in the designated medical record.

### **Right to a List of Certain Disclosures**

You can ask Pleasant Hill Oral Surgery for a list of the persons or organizations to which Pleasant Hill Oral Surgery has disclosed your protected health information. This list would provide you with a summary of certain disclosures Pleasant Hill Oral Surgery has made that you would not otherwise be in a position to know about. The following are examples of disclosures that would not be included in the list:

- disclosures to carry out treatment, payment and health care operations;
- disclosures made directly to you (the patient) or disclosures that you have specifically authorized;
- disclosures made from the directory/patient census;
- disclosures to persons involved in your care;
- disclosures incident to a use or disclosure that is otherwise permitted or required by law;
- disclosures made for national security or intelligence purposes;
- disclosures made to correctional institutions or law enforcement officials having custody over a patient; or

To obtain a copy of the list, submit a written request to Pleasant Hill Oral Surgery and address the request to the attention of the office manager and doctor(s). Your request must state a time period. The first list requested within a 12-month period shall be provided at no charge. For additional lists requested during the same 12-month period, Pleasant Hill Oral Surgery may charge for the costs of providing the list.

### **Right to Request Restrictions**

You can ask Pleasant Hill Oral Surgery to restrict the use or disclosure of protected health information about you for treatment, payment, or health care operations. Your request must be in writing and submitted to Pleasant Hill Oral Surgery. Pleasant Hill Oral Surgery will carefully consider all requests. However, because of the integrated nature of Pleasant Hill Oral Surgery's medical record, Pleasant Hill Oral Surgery is not generally able to honor most requests, nor is Pleasant Hill Oral Surgery legally required to do so. If you or someone on your behalf pays for a health care item or service in full, you can request that Pleasant Hill Oral Surgery not disclose information about the item or service to your health plan for payment or health care operations purposes, and Pleasant Hill Oral Surgery will agree to your request unless required by law to make the disclosure.

### **Right to Notice of Privacy Practices**

You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the notice electronically. To obtain a paper copy of this notice, submit a written request to Pleasant Hill Oral Surgery. The request should be addressed to the attention of the office manager and doctor(s). This Notice is also readily available on our website: [www.pleasanthilloralsurgery.com](http://www.pleasanthilloralsurgery.com)

### **Complaints**

If you want to file a complaint or express concerns about Pleasant Hill Oral Surgery's use or disclosure of Protected Health Information, please contact our office.

You also may file a written complaint with the United States Department of Health and Human Services – Office for Civil Rights. Pleasant Hill Oral Surgery honors your right to express concerns regarding your privacy. Pleasant Hill Oral Surgery would not – nor could it legally or ethically – take action against you for filing a concern or complaint regarding the use, disclosure, and rights of your protected health information.

### **Key Information about this Notice**

- This Notice takes effect 6/29/2016 and will remain in effect until we replace it.
- From time to time, Pleasant Hill Oral Surgery may change its practices concerning how we use or disclose protected health information, or how we will implement patient rights concerning their information. Pleasant Hill Oral Surgery reserves the right to change the terms of this notice and make the new notice provisions effective for all protected health information maintained by Pleasant Hill Oral Surgery. Pleasant Hill Oral Surgery will follow the terms and conditions of the notice that is currently in effect.
- When the notice is revised, it will be posted at Pleasant Hill Oral Surgery website at [www.pleasanthilloralsurgery.com](http://www.pleasanthilloralsurgery.com) and made available upon request.
- If this dental practice is sold or merged with another practice or organization, your health records will become the property of the new owner. However, you may request that copies of your health information be transferred to another dental practice.

### **Need More Information?**

If you have any questions, or would like to discuss this notice in more detail, please contact the office at 925-689-8500.