



# Oral Function SPECIALTIES

Connecting oral health and wellness through a lifetime

## 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 it 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 your privacy practices that are described in the Notice while it is in effect. This Notice takes effect 3/1/2016 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 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.

### ***USES AND DISCLOSURES OF HEALTH INFORMATION***

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

***Treatments:*** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

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

***Healthcare Operations:*** We may use or disclose your health information in connection with our healthcare operation. 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.



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***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 in effect. Without your written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

***To Your Family and Friends:*** We must disclose your health information to you as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.