

Centrasota Oral & Maxillofacial Surgeons

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Centrasota Oral & Maxillofacial Surgeons is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:

a. For treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to other medical professionals. We will get your general written consent prior to making disclosures outside Centrasota Oral & Maxillofacial Surgeons except in emergency circumstances when getting consent is not possible.

b. For payment: We may use and disclose medical information about you so that the treatment and services you receive at our clinic or hospital may be billed to and payment may be collected from you, an insurance company or a third party who is responsible for payment for your care. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We will get your general written consent prior to making disclosures for payment purposes.

c. For health care operations: We may use and disclose medical information about you for clinic operations. These uses and disclosures are necessary to run our clinic and make sure that all of our patients receive quality care. We may also disclose information to other medical professionals for review or learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. We will get your general written consent before making disclosures to others outside Centrasota Oral & Maxillofacial Surgeons for these purposes.

2. Centrasota Oral & Maxillofacial Surgeons is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization, in the situations described below.

a. Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. A research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. Federal regulations permit the use of information for research purposes, with either your authorization or when the research has been reviewed and approved by an institutional review board or privacy board. In

some situations, limited information may be used or disclosed before approval of research to allow for a determination related to the research. In addition, in Minnesota, we are generally required to get your written consent prior to disclosing information to an outside researcher.

b. Organ and Tissue Donation: We may release medical information to organizations that handle eye or tissue donations as necessary to facilitate organ or tissue donation and transplantation.

c. Workers Compensation: We may release information about you for workers compensation or similar programs so long as the information is related to a workers compensation claim. These programs provide benefits for work related injuries or illness.

d. Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, a grand jury subpoena, or with your written consent.

e. Law Enforcement: We may release medical information if asked to do so by a law enforcement official: In response to a valid court order, grand jury subpoena, warrant, or with your written consent. In addition, we are required to report certain types of injuries, such as gunshot wounds. We may also disclose certain information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement and the disclosure is in the victim's best interests.

f. Inmates: We may release medical information about an inmate to the correctional institution or law enforcement official if required to do so by law or with your written consent.

g. To People Assisting in Your Care: We may disclose medical information to those taking care of you, helping you to pay your bills, or other close family members or friends if these people need to know this information to help you, only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a prescription for you. Generally, we will get your written consent prior to making disclosures about you to family or friends. If you are able to make your own health care decisions, Centrasota Oral & Maxillofacial Surgeons will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, Centrasota Oral & Maxillofacial Surgeons will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.

h. Public Health: We may disclose medical information to public health authorities about you for public health activities. These disclosures generally include the following: Preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect, or abuse of a vulnerable adult; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; notifying

a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or reporting to the FDA as permitted or required by law.

i. Health Oversight Activities: Centrasota Oral & Maxillofacial Surgeons may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Minnesota law requires that patient-identifying information (for example, your name, social security number, etc.) be removed from most disclosures for health oversight purposes, unless you have provided us with written consent for the disclosure.

j. Coroners, Medical Examiners, and Funeral Directors: We will release medical information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties. Other disclosures from your health record will require the consent of a surviving spouse, parent, a person appointed by you in writing, or your legally authorized representative.

k. To Avert a Serious Threat to Health or Safety: We may use and disclose medical information when necessary to prevent a serious threat to health and safety. Any disclosure must be to someone able to help prevent the threat. In addition, Minnesota law generally does not permit these disclosures unless we have your written consent to do so or when the disclosure is specifically required by law.

l. To Business Associates: Some services are provided by or to Centrasota Oral & Maxillofacial Surgeons through contracts with business associates. Examples include Centrasota Oral & Maxillofacial Surgeons' attorneys or billing agencies. We may disclose information about you to our business associates. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.

m. National Security and Intelligence Activities: We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law or with your written consent.

n. Protective Services for the President and Others: We will disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as required by law or with your written consent.

o. We will disclose medical information about you when required to do so by federal, state or local law.

3. Centrasota Oral & Maxillofacial Surgeons may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may communicate with you at home, whether through the mail or by phone or in some other manner. We may leave limited amounts of information in a message for patients on answering machines. We may leave limited amounts of information in a message with a family member or other person who answers the phone when the patient is not home.

4. Centrasota Oral & Maxillofacial Surgeons will follow Minnesota state law related to the uses and disclosures of the protected health information of minors. Parents/legal guardians are permitted by Minnesota state law to act on behalf of their minor children in making health care decisions (i.e., acting as the personal representative). They may make decisions for their minor children related to the uses and disclosures of the minor's protected health information. A minor may make his/her own health care decisions, and the parents/legal guardians should not be considered the minor's personal representatives under certain circumstances. Minnesota law requires that when a minor acts as his/her own representative, there will be no disclosure to the parent/guardian of the records related to the treatment to which the minor consented, unless the health care provider determines that failure to inform the parent or guardian would seriously jeopardize the minor's health. Minors may consent to their own health care under the following circumstances: Living apart from his/her parents and managing his/her personal financial affairs; the minor is married or has borne a child (includes consent to their own care and that of the child); emergency situations. Minors who consent to their own care can be held financially responsible for the cost of the care. If the minor chooses to use their parent's insurance, then the parent may find out about treatment and the minor may wish to consider other options on how payment will be handled.

5. Other uses and disclosures not described above will be made only with your written authorization, and that authorization may be revoked at any time.

6. The Individual has the following rights regarding protected health information:

a. The right to request restrictions on certain uses and disclosures of protected health information. Centrasota Oral & Maxillofacial Surgeons is not required to agree to a requested restriction, however.

b. The right to receive confidential communications of protected health information. For example, you may request that we contact you only at work or only by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled.

c. The right to inspect and copy protected health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by law. We may deny your request to inspect and copy your information in certain very limited circumstances, including if your physician believes it will be harmful to your health, or could cause a threat to others. In these cases, we may supply the information to a third party who may release the information to you. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request.

d. The right to request amendment of your protected health information, as provided in the Privacy Regulation. Centrasota Oral & Maxillofacial Surgeons may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: Centrasota Oral & Maxillofacial Surgeons did not create (unless the person or entity that created the information is no longer available to make the amendment); is not part of the medical information kept by or for Centrasota Oral & Maxillofacial Surgeons; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

e. The right to receive an accounting of disclosures of protected health information. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; disclosures that date back more than six years; and certain other disclosures.

f. The right to obtain a paper copy of the Notice from Centrasota Oral & Maxillofacial Surgeons upon request. This right extends to an individual who has agreed to receive the Notice electronically.

To exercise any of the above rights, you must contact the Privacy Officer in writing. Contact information is on the last page of this Notice.

7. Centrasota Oral & Maxillofacial Surgeons is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

8. Centrasota Oral & Maxillofacial Surgeons is required to abide by the terms of the Notice currently in effect.

9. Centrasota Oral & Maxillofacial Surgeons reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.

10. Centrasota Oral & Maxillofacial Surgeons will post a revised Notice and will provide a current copy to our patients upon request.

11. Individuals may complain to Centrasota Oral & Maxillofacial Surgeons and to the Secretary of the Department of Health and Human Services, without fear of retaliation by Centrasota Oral & Maxillofacial Surgeons, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows. All complaints must be submitted in writing.

Centrasota Oral & Maxillofacial Surgeons' contact for matters relating to complaints or to questions about privacy practices is:

Management 3950 Veterans Drive, Suite 100 Saint Cloud MN 56303 320-252-3611

12. This Notice is first in effect on April 14, 2003

CENTRASOTA ORAL
AND
MAXILLOFACIAL SURGEONS

Notice of Privacy Practices

3950 Veterans Drive, Suite 100 Saint Cloud MN 56303



2633 Jefferson Street, Suite 602 Alexandria MN 56308



1015 Highway 15 Plaza 15 Shopping Center

Hutchinson MN 55350



3880 Deegan Court, Suite 100 Monticello MN 55362



531 Pine Cone Road Sartell MN 56377