

Paul R. Boecler, DMD MS
NOTICE OF PRIVACY PRACTICES
Effective 04/14/03

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER WHOSE NUMBER IS LISTED AT THE END OF THIS NOTICE.

OUR LEGAL DUTY

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), our practice is required by applicable federal and state law to maintain the privacy of your protected health information (PHI). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices described in the Notice that we have in effect at the time.

I. OUR COMMITMENT TO YOUR PRIVACY The office of Paul R. Boecler, DMD MS, is committed to maintaining the privacy of your PHI. As we provide treatment and services to you, we create records that contain your medical and personal information or PHI. We need these records to provide you with quality care and to comply with various legal requirements. The terms of this Privacy Notice apply to all records containing your PHI that are created or retained by our practice.

II. CHANGES TO THIS PRIVACY NOTICE We reserve the right to revise or amend this Privacy Notice at any time. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. We will post a copy of our current Notice in our office in a visible location at all times, and 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.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION We may use and disclose health information about you for treatment, payment, and healthcare operations. The following categories describe the different ways in which we may use and disclose your PHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories listed below.

1. TREATMENT: We may use your PHI to provide medical treatment or services to you. We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

2. PAYMENT: We may use and disclose your PHI in order to bill and collect payment from you, an insurance company, or other designated third party payor, for services and treatment we provide to you.

3. HEALTHCARE OPERATIONS: We may use and disclose your PHI 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.

4. APPOINTMENT REMINDERS/PATIENT COMMUNICATIONS: We may use and disclose your PHI to provide you with appointment reminders (such as voicemail messages, postcards or letters) and other communications from our office.

5. TREATMENT OPTIONS: We may use and disclose your PHI to provide information to you about treatment options or alternatives.

6. HEALTH RELATED BENEFITS AND SERVICES: We may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. RELEASE OF INFORMATION TO YOUR FAMILY/FRIENDS: We may release your PHI to a friend or family member who is involved in your care, or who assists in taking care of you. We may also give information to someone who pays or helps pay for your medical care. As stated in Section V below, you have the right to request restrictions on who receives your medical information. Therefore, if there are specific family members or other persons to whom you do not want your health information disclosed, please let us know in the manner required by Section V.

8. MARKETING HEALTH-RELATED SERVICES: We will not use your PHI for third-party marketing communications.

IV. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES The following categories describe special situations in which we may use or disclose your PHI.

1. AS REQUIRED BY LAW: We will disclose your PHI when we are required to do so by federal, state or local law.

2. PUBLIC HEALTH RISKS: We will disclose your PHI to public health or government authorities that are authorized by law to collect information for purposes such as, but not limited to, the following:

- Maintaining vital records such as births and deaths.
- Reporting child abuse or neglect.
- Reporting domestic violence.
- Preventing or controlling disease, injury or disability.
- Notifying a person regarding potential exposure to a communicable disease.
- Notifying a person regarding potential risk for spreading or contracting a disease or condition.
- Reporting reactions to drugs or problems with products or services
- Notifying individuals if a product or device they may be using has been recalled.
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required by law to disclose this information.
- Notifying your employer under limited circumstances required by law, primarily relating to workplace injury or illness or medical surveillance.

3. HEALTH OVERSIGHT ACTIVITIES: We may disclose your PHI to a health oversight agency for oversight activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

4. LAWSUITS AND SIMILAR PROCEEDINGS: We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if the requesting party had made an effort to inform you of the request or to obtain a qualified protection order protecting the information the party has requested.

5. LAW ENFORCEMENT: Subject to certain conditions, we may release PHI for a law enforcement purpose upon the request of federal, state or local law enforcement.

6. CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may release PHI to a medical examiner/coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information for funeral directors to perform services.

- 7. ORGAN AND TISSUE DONATION:** If you are an organ donor, we may release PHI to organizations that handle organ or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.
- 8. SERIOUS THREATS TO HEALTH OR SAFETY:** We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- 9. MILITARY:** If you are a member (or veteran) of U.S. or foreign military forces, we may release your PHI as required by the appropriate authorities.
- 10. NATIONAL SECURITY:** We may disclose your PHI to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- 11. INMATES:** If you are an inmate of a correctional institution, or under the custody of law enforcement officials, we may disclose your PHI to such correctional institutions or law enforcement officials. Disclosure for these purposes would be necessary: (a) for the institution to provide healthcare services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- 12. WORKERS' COMPENSATION:** We may disclose your PHI for workers' compensation and similar programs, as required by applicable laws.
- 13. RESEARCH:** Most research projects require your permission. However, the law allows some research, including Institution Review Board, to be done using your medical information without requiring your authorization.
- 14. MINORS:** If you are a minor (under 18 years of age), we may release certain types of PHI to your parent(s) or legal guardian(s) in accordance with applicable law.

NOTE: Georgia and Federal law provides additional protection for certain types of health information, including alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how we may disclose information about you to others.

V. YOUR RIGHTS REGARDING YOUR PHI: You have the following rights regarding your PHI that we maintain about you:

- 1. REQUESTING RESTRICTIONS:** You have the right to request a restriction on our use or disclosure of your PHI for treatment, payment or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care of the payment of your care, such as family members and friends. *We are not required to agree to your request.* However, if we do agree, we are bound by our agreement, except when otherwise required or permitted by law, or when the restricted information is necessary to treat you in an emergency. In order to request a restriction on our use or disclosure of your PHI, you must make your request in writing to: Paul R. Boecler, DMD MS, ATTN: PRIVACY OFFICER, 958-A Joe Frank Harris Parkway SE, Suite 104, Cartersville, GA, 30120. Your request must be in writing and describe in a clear and concise fashion: (a) The information you wish restricted and how you want it restricted; (b) Whether you are requesting to limit our Practice's use, disclosure or both; and (c) To whom you want the limits to apply.
- 2. CONFIDENTIAL COMMUNICATIONS:** You have the right to request that PHI about you be communicated to you in a confidential manner, such as sending mail to an address other than your home. This request must be made in writing to: Paul R. Boecler, DMD MS, ATTN: PRIVACY OFFICER, 958-A Joe Frank Harris Parkway SE, Suite 104, Cartersville, GA, 30120. We will accommodate reasonable requests, but we are not required to accommodate all requests.
- 3. ACCESS AND COPIES:** In most cases, you have the right to review or get a copy of medical information that we use to make decisions about your care when you submit a written request to: Paul R. Boecler, DMD MS, ATTN: PRIVACY OFFICER, 958-A Joe Frank Harris Parkway SE, Suite 104, Cartersville, GA, 30120. If you request copies, we will charge you a reasonable cost-based fee for expenses such as the cost of copying, mailing, staff time or other related supplies associated with your request in accordance with Georgia law. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- 4. RIGHT TO AMEND:** If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records. This request must be submitted in writing to: Paul R. Boecler, DMD MS, ATTN: PRIVACY OFFICER, 958-A Joe Frank Harris Parkway SE, Suite 104, Cartersville, GA, 30120 and must include your reason for requesting the amendment. We may deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- 5. ACCOUNTING DISCLOSURES:** You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure when you submit a written request to: Paul R. Boecler, DMD MS, ATTN: PRIVACY OFFICER, 958-A Joe Frank Harris Parkway SE, Suite 104, Cartersville, GA, 30120. The request must state the time period desired for the accounting of disclosures, which must be less than a 6-year period and starting after April 14, 2003. You may receive a list or summary in paper or electronic form. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will inform you of the costs associated with this process before you incur any costs.
- 6. RIGHT TO PAPER COPY OF THIS NOTICE:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact: Paul R. Boecler, DMD MS, ATTN: PRIVACY OFFICER, 958-A Joe Frank Harris Parkway SE, Suite 104, Cartersville, GA, 30120.
- 7. RIGHT TO FILE A COMPLAINT:** If you believe your privacy rights have been violated by our Practice, you may file a complaint with our Practice in writing to: Paul R. Boecler, DMD MS, ATTN: PRIVACY OFFICER, 958-A Joe Frank Harris Parkway SE, Suite 104, Cartersville, GA, 30120. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.
- 8. RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES:** We will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted or required by applicable law. Any authorization you provide us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

If you have any questions about this notice, please contact: **ATTN: PRIVACY OFFICER, Paul R. Boecler, DMD MS, 958-A Joe Frank Harris Parkway SE, Suite 104, Cartersville, GA, 30120. Phone: 770-386-2442.**