

Notice of Privacy Practices

East Bend Dental
Effective January 27, 2015

This notice describes how medical information about you and your dependents may be used and disclosed, and how you can get access to this information. Please read it carefully.

Overview:

This notice describes the policies and procedures of East Bend Dental with respect to protecting the confidentiality of your medical information. "Medical information" and "health care," for purposes of this notice, include your dental information and dental care. Third parties that assist in administration or provision of dental services provided by East Bend Dental are contractually obligated to follow the same policies and procedures followed by East Bend Dental. These third parties that assist in administration or provision of health care are called "business associates."

East Bend Dental, directly and through business associates, maintains medical information about you for medical care and medical administration purposes. This notice will tell you about the ways in which East Bend Dental may legally use and disclose medical information in accordance with federal regulations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). It also describes East Bend Dental's obligations and your rights under HIPAA regarding the use and disclosure of medical information.

East Bend Dental is required by law to:

- make sure that medical information that identifies you is kept private
- give you this notice of East Bend Dental's legal duties and privacy practices with respect to medical information about you
- notify you following a breach of your unsecured medical information
- follow the terms of this notice, as amended from time to time
- appoint a Privacy Official to make sure East Bend Dental satisfies its legal requirements.

You can contact the Privacy Official at the following address:

Taylor C. Fowles, DMD
2250 NE Professional Ct.
Bend, OR 97701
541-388-1434

When East Bend Dental may use and disclose medical information about you:

The following categories describe different times when East Bend Dental and its business associates are permitted to use and disclose medical information. East Bend Dental and its business associates are not required to obtain your consent to use and disclose your medical information for the following purposes. East Bend Dental or its business associates will obtain an authorization from you if they wish to use or disclose your medical information for a purpose not listed in one of the following categories.

For treatment: East Bend Dental or a business associate may use or disclose medical information about you to facilitate medical treatment or services by providers, including physicians, dentists, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, East Bend Dental might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is incompatible with prior prescriptions.

For payment: East Bend Dental and its business associates use and disclose medical information about you to determine benefit payments consistent with the terms of your dental plan. Payment activities include uses and disclosures to determine eligibility for dental plan benefits, to facilitate payment for the treatment and services you receive from East Bend Dental, to determine benefit responsibility under your dental plan, and to coordinate benefits with East Bend Dental, other dental plan

that covers the same condition. For example, East Bend Dental shares medical information with your dental plan's administrator to assist with the processing of dental claims and with other health plans to coordinate benefit payments.

For health care operations: East Bend Dental and its business associates use and disclose medical information about you for operations that are necessary to run East Bend Dental. For example, East Bend Dental may use medical information in connection with: conducting quality assessment and improvement activities; submitting claims for coverage; legal services; business planning and development such as cost management; and business management and general administrative activities of East Bend Dental.

As required by law: East Bend Dental and its business associates will disclose medical information about you when required to do so by federal, state or local law. For example, East Bend Dental may disclose medical information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining East Bend Dental's compliance with the HIPAA privacy rule.

To avert a serious threat to health or safety: East Bend Dental and its business associates may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, East Bend Dental may disclose medical information about you in a proceeding regarding the licensure of a dentist. With certain exceptions, your medical information may also be disclosed in order to assist law enforcement in identifying or apprehending an individual participating in a violent crime, or when an individual has escaped from a correctional institution or other lawful custody. Should these uses or disclosures be necessary, however, East Bend Dental will use or disclose your medical information in a manner consistent with applicable laws and ethical standards.

Special situations:

Organ and tissue donation: If you are an organ donor, East Bend Dental may release medical information to organizations that handle organ procurement, or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Specialized government functions:

- If you are a member of the armed forces, East Bend Dental may disclose medical information about you as required by military command authorities if those authorities have provided proper notice. East Bend Dental may also disclose medical information about foreign military personnel to the appropriate foreign military authority.
- East Bend Dental may disclose your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, East Bend Dental may disclose your medical information to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for law enforcement on the premises of the correctional institution; or (4) for the safety and security of the correctional institution.

Workers' compensation: East Bend Dental may release medical information about you as necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public health risks: East Bend Dental may disclose medical information about you for public health activities, such as:

- preventing or controlling disease, injury or disability, including reporting of health statistics and the conduct of public health surveillance, investigations, and interventions
- reporting child abuse or neglect
- reporting reactions to medications or problems with products and 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

Notifying authorities about victims of abuse, neglect, or domestic violence: East Bend Dental may disclose medical information to the appropriate government authority about an individual whom East Bend Dental reasonably believes to be a victim of abuse, neglect or domestic violence. East Bend Dental will only make this disclosure of your medical information if you agree or when otherwise required or authorized by law.

Health oversight activities: East Bend Dental may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure, as well as disciplinary, civil, or criminal proceedings or actions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. East Bend Dental may not disclose your medical information under this rule if you are the subject of an investigation that is not directly related to your receipt of health care benefits.

Lawsuits and disputes: If you are involved in a lawsuit or a dispute, East Bend Dental may disclose medical information about you in response to a court or administrative order. In addition, East Bend Dental may disclose information in response to a subpoena, a discovery request, or other lawful process by someone else involved in the lawsuit or legal dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law enforcement: East Bend Dental may release medical information if asked to do so by a law enforcement official:

- as required to report certain wounds or other physical injuries
- in response to a court order, subpoena, warrant, summons or similar process
- to identify or locate a suspect, fugitive, material witness, or missing person
- to provide information about the victim of a crime if, under certain limited circumstances, East Bend Dental is unable to obtain the person's agreement
- to provide information about a death that may be the result of criminal conduct
- to provide information about criminal conduct at a hospital or dental office
- while providing emergency health care in certain circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime

Coroners, medical examiners and funeral directors: East Bend Dental may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. East Bend Dental may also release medical information about patients to funeral directors as necessary to carry out their duties.

Disclosures that may only be made with your written permission: The following disclosures will be made only with your written permission:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of your medical information for marketing purposes, including subsidized treatment communications
- Disclosures that would constitute the sale of your medical information
- Other uses and disclosures not described in this document

If you give permission to use or disclose medical information for which an authorization is required, you may revoke the authorization, in writing, at any time. If you revoke your authorization, East Bend Dental and its business associates will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that East Bend Dental is unable to take back any disclosures that were previously made with your permission, and that East Bend Dental is required to retain records of dental services provided to you.

Your rights regarding medical information about you:

You have the right to know how East Bend Dental uses or discloses your medical information. You, or the person you authorize or designate as your personal representative, also have the following rights regarding medical information East Bend Dental and its business associates maintain about you:

Right to inspect and copy: You have the right to inspect and copy medical information that may be used to make decisions about your dental care through East Bend Dental. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to East Bend Dental's Privacy Official. If you request a copy of the information, East Bend Dental may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Also, if East Bend Dental maintains your medical information in an "electronic health record," you can receive a copy electronically or ask East Bend Dental to send the record electronically to a third party. The term "electronic health record" means an electronic record of health-related information about you that is created, gathered, managed, and consulted by authorized health care clinicians and staff. East Bend Dental may charge you its labor costs associated with complying with your request.

East Bend Dental may deny your request to inspect and copy medical records in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to request amendment: If you feel that medical information East Bend Dental or a business associate has about you is incorrect or incomplete, you may ask East Bend Dental to amend the information. You have the right to request an amendment for as long as the information is kept by or for East Bend Dental. To request an amendment, your request must be made in writing and submitted to East Bend Dental's Privacy Official. In addition, you must provide a reason that supports your request.

East Bend Dental 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, East Bend Dental may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for East Bend Dental
- was not created by East Bend Dental, unless the person or entity that created the information is no longer available to make the amendment
- is not part of the information which you would be permitted to inspect and copy
- is accurate and complete

Right to an accounting of disclosures: You have the right to request an accounting (or listing) of any disclosure that was made for any purpose other than treatment, payment, or health care operations, as described above. To request this list of accounting of disclosures, you must submit your request in writing to East Bend Dental's Privacy Official. Your request must specify a time period, which may not be longer than six years from the date of your request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free. For additional lists, East Bend Dental may charge you for the costs of providing the list. East Bend Dental will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to request restrictions on use or disclosure: As an exception to the general rule of use and disclosure, you have the right to request a restriction or limitation on the medical information East Bend Dental and its business associates use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information East Bend Dental and its business associates disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that East Bend Dental not use or disclose information about a surgery you had. Except in limited circumstances, East Bend Dental is not required to agree to your request. East Bend Dental is required to comply with your request to restrict disclosures of your medical information if the information relates solely to a health care item or service for which you paid in full, and if the disclosures are for the purpose of carrying out a payment or health care operation and are not otherwise required by law.

To request restrictions, you must make your request in writing to East Bend Dental's Privacy Official. In your request, you must explain: (1) what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to request confidential communications: You have the right to request that East Bend Dental and its business associates communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that East Bend Dental contact you only at work or only by mail. To request confidential communications, you must make your request in writing to East Bend Dental's Privacy Official. East Bend Dental will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a paper copy of this notice: You have the right to a paper copy of this notice. You may ask for a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact East Bend Dental's Privacy Official.

Right to be notified of any breach: East Bend Dental is required by law to notify you of any breach of the privacy or confidentiality of your unsecured medical information.

Changes to this notice:

East Bend Dental reserves the right to change this notice to reflect changes in its privacy practices, both for medical information East Bend Dental and its business associates already have about you, as well as any information received in the future. This notice will be revised to reflect any changes to East Bend Dental's privacy practices, and will be provided to you within 60 days of the change. All privacy notices will indicate the effective date at the top of the first page.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with East Bend Dental or with the Secretary of the Department of Health and Human Services. To file a complaint with East Bend Dental, contact the Privacy Official. All complaints must be submitted in writing. You will not be penalized or retaliated against if you file a complaint.