

# 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.

Drs. Enoch and Lamei present this Notice of Privacy Practices ("Notice") to our patients describing how your identifiable dental/medical information (called protected health information or PHI) may be used or disclosed, and to notify you of your rights regarding this information.

## Patient Protected Health Information

Under Federal law, your patient health information is protected and confidential. Protected health information (PHI) includes information about your symptoms, test results, diagnosis, treatment and related medical information. Your health information also includes payment, billing, and insurance information.

## How We Use Your Patient Health Information

Drs. Enoch and Lamei uses health information about you for treatment, analyzing procedures and lab results. We also use PHI to obtain payment and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances where the law applies, we may be required to use or disclose the information without your permission.

## Examples of Treatment, Payment, and Health Care Operations

**Treatment:** Drs. Enoch and Lamei will use and disclose your PHI to provide you with medical treatment or services. For example, staff, doctors and other members of your treatment team will record information in your medical record and use it to determine the most appropriate course of care. Drs. Enoch and Lamei may also disclose this information by fax, in person, or via telecommunication. We may communicate to other health care providers who are participating in your treatment, to pharmacists who are filling and refilling your prescriptions, and to family members who are helping with your care.

**Payment:** Drs. Enoch and Lamei will use and disclose your PHI for payment purposes. For example, Drs. Enoch and Lamei may need to obtain authorization from your insurance company before providing certain types of treatment. Drs. Enoch and Lamei will submit bills and maintain records of payments from your health plan.

**Health Care Operations:** Drs. Enoch and Lamei will use and disclose your health information to conduct our standard internal operations. Examples include proper administration of records, evaluation of the quality of treatment, and assessing the care and outcomes of your case and others like it.

## Release of Information to Family or Friends

Drs. Enoch and Lamei knows that family or friends are an integral part of a patient's care. If you wish to authorize a family member or friend to speak with us regarding your care or test results, please provide their name and contact information on the 'Notice of Privacy Practices Acknowledgement' form. Drs. Enoch and Lamei will not release your information to any friend or family without your written consent. If you wish to change or update the authorized individuals, you will need to make these updates in writing.

### Special Uses

Drs. Enoch and Lamei may use your information to contact you with appointment reminders by phone or mail. Drs. Enoch and Lamei may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. This communication may be sent to you via phone or mail. If you have granted written permission, the above information may also be sent to you via email. If you wish to authorize the use of email as a method for Drs. Enoch and Lamei to communicate with you, sign the proper section on the 'Notice of Privacy Practices Acknowledgement' form.

### Other Uses and Disclosures

Drs. Enoch and Lamei may use or disclose your protected health information for other reasons, even without your consent. Subject to certain requirements, Drs. Enoch and Lamei is permitted to give out health information without your permission for the following purposes:

- **Required by Law:** Drs. Enoch and Lamei may be required by the law to disclose your PHI for certain purposes, such as reporting gunshot wounds, suspected abuse or neglect, or similar injuries and events.
- **Research:** Drs. Enoch and Lamei may use or disclose information for approved medical research subject to specific criteria.
- **Public Health Activities:** As required by law, Drs. Enoch and Lamei may disclose vital statistics, diseases, proof of immunization, information related to recalls of dangerous products, and similar information to public health authorities.
- **Health Oversight:** Drs. Enoch and Lamei may be required to disclose information to assist in investigations and audits; eligibility for government programs; inspections; licensure or disciplinary actions; compliance to civil rights laws; and similar activities.
- **Judicial and Administrative Proceedings:** Drs. Enoch and Lamei may disclose information in response to an appropriate subpoena or court order.
- **Law Enforcement Purposes:** Subject to certain restrictions, Drs. Enoch and Lamei may disclose information required by law enforcement officials.
- **Deaths:** We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.
- **Serious Threat to Health or Safety:** Drs. Enoch and Lamei may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military and Special Government Functions:** If you are a member of the armed forces, Drs. Enoch and Lamei may release information as required by military command authorities. Drs. Enoch and Lamei may also disclose information to correctional institutions or for national security purposes.
- **Workers' Compensation:** Drs. Enoch and Lamei may release information about you as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs providing benefits for work-related injuries or illness.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

### Individual Rights

You have the following rights with regard to your health information. Submit any concerns in writing to Drs. Enoch and Lamei's Compliance Officer.

**Request Restrictions:** You may request restrictions on certain uses and disclosures of your

health information. These requests must be in writing. Drs. Enoch and Lamei is not required to agree to most restrictions, but if we do agree, Drs. Enoch and Lamei must abide by those restrictions.

**Restrict Disclosure to a Health Plan:** You may request, in writing, to restrict disclosure of your PHI to a health plan. Drs. Enoch and Lamei must agree to the restriction if the disclosure is for payment or healthcare operate Drs. Enoch and Lamei ions, and the PHI is only about a health care item or service for which you or a person on your behalf has paid Drs. Enoch and Lamei in full except for cases in which disclosure is required by law.

**Confidential Communications:** You may ask us to communicate with you confidentially. Please ask to see your Drs. Enoch and Lamei's Office Manager to initiate and document this request.

**Inspect and Obtain Copies:** You have the right to see or receive a copy of your health information. There may be a small charge dictated by Georgia Law for these copies.

**Amend Information:** If you believe information in your record is incorrect, you have the right to request that Drs. Enoch and Lamei correct or amend the existing information. The request must be made in writing and include a reason to support the requested amendment. Drs. Enoch and Lamei has the right to refuse your request. Regardless, a letter concerning your request will be sent within 60 days of said request.

**Accounting of Disclosures:** You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations. <sup>111</sup>Obtain Paper Copy of Notice: If you have previously received this Notice in electronic form, you have the right to request a paper copy of this Notice.

#### Our Legal Duty

We are required by law to protect and maintain the privacy of your PHI, to provide this Notice about our legal duties and privacy practices regarding PHI, and to abide by the terms of the Notice currently in effect. We are also required by law to notify you in the event of a breach of your unsecured PHI.

#### Changes in Privacy Practices

We may change our policies at any time. A current summary version of our Notice is available in each waiting area at all times. You may also request a copy of the current version of our Notice at any time. Any changes to our privacy practices described in this Notice will apply to all PHI created or received prior to this revision. For more information about our privacy practices, submit concerns in writing to Drs. Enoch and Lamei's Compliance Officer.

#### Complaints

If you are concerned that we have violated your privacy rights, if you disagree with a decision we made about your records, or would like to file a complaint, contact the person listed below. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.