

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.

- I. Dental Practice Covered by this Notice** This Notice describes the privacy practices of Kona Periodontics and Implants ("Dental Practice"). "We" and "our" means the Dental Practice. "You" and "your" means our patient.
- II. How to Contact Us/Our Privacy Official** If you have any questions or would like further information about this Notice, you can contact Kona Periodontics and Implants' Privacy Official at:
- Heather O'Neal
77-6447 Kuakini Hwy
Kailua-Kona, HI 96740
Telephone: (808)329-7246 Fax: (808)461-3925
Email: manager@konaperio.com
- III. Our Promise to You and Our Legal Obligations** The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. We are required by law to: Maintain the privacy of your protected health information; Give you this Notice of our legal duties and privacy practices with respect to that information; and abide by the terms of our Notice that is currently in effect.
- IV. How We May Use or Disclose Your Health Information** We are permitted by law to use and disclose your health information for the following purposes:
- a. Common Uses and Disclosures**
- i. **Treatment.** We may use your health information to provide you with dental treatment or services. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care.
 - ii. **Payment.** We may use and disclose your health information to obtain payment from health plans and insurers for the care that we provide to you.
 - iii. **Health Care Operations.** We may use and disclose health information about you in connection with health care operations necessary to run our practice.
 - iv. **Appointment Reminders.** We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, phone call, voice message, text or email.
 - v. **Disclosure to Family Members and Friends.** We may disclose your health information to a family member or friend who is involved with your care or payment for your care if you do not object or, if you are not present, we believe it is in your best interest to do so.
 - vi. **Disclosure to Business Associates.** We may disclose your protected health information to our third-party service providers (called, "business associates") that perform functions on our behalf or provide us with services if the information is necessary for such functions or services.
- b. Less Common Uses and Disclosures**
- i. **Disclosures Required by Law.** We may use or disclose patient health information to the extent we are required by law to do so.
 - ii. **Public Health Activities.** We may disclose patient health information for public health activities and purposes.
 - iii. **Victims of Abuse, Neglect or Domestic Violence.** We may disclose health information to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect or domestic violence.
 - iv. **Lawsuits and Legal Actions.** We may disclose patient health information in response to
 - 1. a court or administrative order or
 - 2. a subpoena, discovery request, or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested.
 - v. **Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for a law enforcement purposes.
 - vi. **Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to a coroner, medical examiner or funeral director to allow them to carry out their duties.
 - vii. **Organ, Eye and Tissue Donation.** We may use or disclose your health information to organ procurement organizations or others that obtain, bank or transplant cadaveric organs, eyes or tissue for donation and transplant.
 - viii. **Serious Threat to Health or Safety.** We may use or disclose your health information if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.
 - ix. **Specialized Government Functions.** We may disclose your health information to the military (domestic or foreign) about its members or veterans.
 - x. **Workers' Compensation.** We may disclose your health information to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.

- V. Your Rights with Respect to Your Health Information** You have the following rights with respect to certain health information that we have about you (information in a Designated Record Set as defined by HIPAA). To exercise any of these rights, you must submit a written request to our Privacy Official listed on the first page of this Notice.
- a. Right to Access and Review** You may request to access and review a copy of your health information. We may deny your request under certain circumstances. You will receive written notice of a denial and can appeal it. We will provide a copy of your health information in a format you request if it is readily producible. If not readily producible, we will provide it in a hard copy format or other format that is mutually agreeable. If your health information is included in an Electronic Health Record, you have the right to obtain a copy of it in an electronic format and to direct us to send it to the person or entity you designate in an electronic format. If you request copies, we will charge you \$0.75 for each page, \$25.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format.
 - b. Right to Amend** If you believe that your health information is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances. You will receive written notice of a denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.
 - c. Right to Restrict Use and Disclosure** You may request that we restrict uses of your health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your care or the payment for your care. We may not (and are not required to) agree to your requested restrictions, with one exception: If you pay out of your pocket in full for a service you receive from us and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement, we must honor that request.
 - d. Right to Confidential Communications, Alternative Means and Locations** You may request to receive communications of health information by alternative means or at an alternative location. We will accommodate a request if it is reasonable and you indicate that communication by regular means could endanger you. When you submit a written request to the Privacy Official listed on the first page of this Notice, you need to provide an alternative method of contact or alternative address and indicate how payment for services will be handled.
 - e. Right to an Accounting of Disclosures** You have a right to receive an accounting of disclosures of your health information for the six (6) years prior to the date that the accounting is requested except for disclosures to carry out treatment, payment, health care operations (and certain other exceptions as provided by HIPAA). The first accounting we provide in any 12-month period will be without charge to you. We may charge a reasonable fee to cover the cost for each subsequent request for an accounting within the same 12-month period. We will notify you in advance of this fee and you may choose to modify or withdraw your request at that time.
 - f. Right to a Paper Copy of this Notice** You have the right to a paper copy of this Notice. To obtain a paper copy, ask the Privacy Official.
 - g. Right to Receive Notification of a Security Breach** We are required by law to notify you if the privacy or security of your health information has been breached. The notification will occur by first class mail within sixty (60) days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of your health information. The breach notification will contain the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.
- VI. Our Right to Change Our Privacy Practices and This Notice** We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the Notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this Notice. We will post the revised Notice on our website (if applicable) and in our office and will provide a copy of it to you on request. The effective date of this Notice is September 1, 2016.
- VII. How to Make Privacy Complaints** If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting our Privacy Official listed on the first page of this Notice. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you in any way if you choose to file a complaint.