

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.**

Who Presents this Notice

This Notice describes the privacy practices of **Grant Orthodontics** and members of its workforce. This Notice applies to services furnished to you at all **Grant Orthodontics** facilities that involve using or disclosing your health information.

Privacy Obligation

Grant Orthodontics is required by law to maintain the privacy of your health information (“protected health information” or “PHI”) and to provide you with this Notice of legal duties and privacy practices with respect to your PHI. **Grant Orthodontics** uses computerized systems that may electronically disclose your PHI for purposes of treatment, payment, and/or healthcare operations as described below. When **Grant Orthodontics** uses or discloses your PHI, **Grant Orthodontics** is required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

Notifications

[insert name of practice] is required by law to protect the privacy of your health information, distribute this Notice of Privacy Practices to you, and follow the terms of this Notice. [insert name of practice] is also required to notify you if there is a breach of your PHI.

Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, your written authorization must be obtained in order to use and/or disclose your PHI. However, an authorization is not required for the following uses and disclosures:

Uses and Disclosures for Treatment, Payment, and Healthcare Operations

We will use your health information for treatment:

For example: We may disclose your protected health information to other physicians who may be treating you or consulting with us regarding your care. We may disclose your protected health information to those who may be involved in your care after you leave here, such as family members or your personal representative.

We will use your health information for payment:

For example: We may communicate with your health insurance company to get approval for the services we render, to verify your health insurance coverage, to verify that particular services are covered under your insurance plan, or to demonstrate medical necessity. We may disclose your protected health information to anesthesia care providers involved in your care so they can obtain payment for their services.

We will use your health information for regular healthcare operations:

For example: We may use your PHI to review our treatment and services and evaluate our staff's performance in caring for you. We may also disclose PHI to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also use or disclose your PHI in the course of maintenance and management of our electronic health information systems.

We will use and disclose your health information as otherwise permitted or required by law. Examples of those uses and disclosures follow.

- **Business Associates:** There are some services provided in our organization through agreements with business associates. Examples include transcription services and storage services. To protect your health information, we require business associates to appropriately safeguard your information.
- **Relatives, Close Friends, and Other Caregivers:** Your PHI may be disclosed to a family member, other relative, a close personal friend, or any other person identified by you who is involved in your healthcare or helps pay for your care. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practically be provided because of your incapacity or an emergency circumstance, [insert name of practice] may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative, or a close personal friend, [insert name of practice] would disclose only information believed to be directly relevant to the person's involvement with your healthcare or payment related to your healthcare. Your PHI may also be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.
- **Public Health Activities:** Your PHI may be disclosed for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- **Victims of Abuse, Neglect or Domestic Violence:** Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there is a reasonable belief that you are a victim of abuse, neglect or domestic violence.
- **Health Oversight Activities:** Your PHI may be disclosed to a health oversight agency that oversees [insert name of practice] and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid. We may also disclose your PHI to the U.S. Department of Health and Human Services or to the State Attorney General's Office as required to demonstrate our compliance with privacy laws.
- **Judicial and Administrative Proceedings:** Your PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- **Law Enforcement Officials:** Your PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or an administrative subpoena. For example, your PHI may be disclosed to identify or locate a suspect, fugitive, material witness, or missing person or to report a crime or criminal conduct at the facility.
- **Correctional Institution:** Your PHI may be disclosed to a correctional institution if you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain requests to us.
- **Organ and Tissue Procurement:** Your PHI may be disclosed to organizations that facilitate organ, eye or tissue procurement, banking or transplantation to facilitate such donation or transplantation.
- **Research:** Your PHI may be used or disclosed without your consent or authorization if an Institutional Review Board approves a waiver of authorization for disclosure.
- **Health or Safety:** Your PHI may be used or disclosed to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- **U.S. Military:** Your PHI may be used or disclosed to U.S. Military Commanders to ensure proper execution of the military mission. Military command authorities receiving protected health information are not covered entities subject to the HIPAA Privacy Rule.
- **Other Specialized Government Functions:** Your PHI may be disclosed to units of the government with special functions, such as the U.S. Department of State under certain circumstances or to the Secret Service or NSA to protect the country or the President.
- **Workers' Compensation:** Your PHI may be disclosed as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.
- **Appointment Reminders:** Your PHI may be used to tell or remind you about appointments.
- **As Required by Law:** Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories.

Uses and Disclosures Requiring Your Written Authorization

Uses or Disclosures with Your Authorization. For any purpose other than the ones described above, your PHI may be used or disclosed only when you provide your written authorization on an authorization form. For instance, you will need to execute an authorization form before your PHI can be sent to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

Except to the extent that [insert name of practice] has taken action in reliance upon it, you may revoke any written authorization obtained in connection with your PHI by delivering a written revocation statement to [insert name of practice].

Your Health Information Rights

Although your health record is the physical property of [insert name of practice], the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your PHI for treatment, payment, healthcare operations as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction, unless the request relates to a restriction on disclosures to your health insurer regarding healthcare items or services for which you have paid out-of-pocket and in full;
- Obtain a paper copy of this notice of privacy practices;
- Inspect and/or receive a copy of your health record, as provided by law;
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record;
- Obtain an accounting of disclosures of your health information, as provided by law;
- Request communication of your health information by alternative means or at alternative locations. We will accommodate reasonable requests.

You may exercise your rights set forth in this notice by providing a written request to the Privacy Officer at the contact listed below, except for requests to obtain a paper copy of the notice.

Effective Date. This Notice is effective on April 9, 2024.

Right to Change Terms of this Notice. The terms of this Notice may be changed at any time. If this Notice is changed, the new notice terms may be made effective for all PHI that [insert name of practice] maintains, including any information created or received prior to issuing the new notice. If this Notice is changed, the new notice will be posted in waiting areas at all [insert name of practice] facilities and on our Internet site at www.charlotteradiology.com. You also may obtain any new notice by contacting the Privacy Officer.

For Additional Information or to File a Complaint: If you have questions regarding this Notice or have a concern that your privacy rights may have been violated, you may contact us using the information below.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint>. We will not retaliate against you for filing a complaint.