

**MERIDIAN PARK ORTHODONTICS  
NOTICE OF PRIVACY PRACTICE**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.  
THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION IS IMPORTANT TO US.**

**OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect September 25, 2014, and will remain in effect until we replace it.

We reserve the right to change our privacy policies and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

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.

**USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose protected health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use and disclose your protected health information to a dentist, hygienist, or other healthcare provider for treatment purposes.

**Payment:** We may use and disclose your protected health information to bill for and collect payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your protected health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare providers, evaluating provider performance, conducting training programs, peer review, accreditation, certification, licensing or credentialing activities.

**Authorization:** In addition to our use and disclosure of your protected health information for treatment, payment or healthcare operations, you may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. You may revoke such authorization at any time by written request, but we cannot take back any uses or disclosures already made with your permission. Unless you give us a written authorization, we cannot use or disclose your protected health information for any reason except those described in this Notice.

**To Your Family and Friends:** We may disclose protected health information about you to your family members or friends if we obtain your verbal authorization to do so or if we give you an opportunity to object and you do not object. We also may disclose protected health information to your family or friends if we can infer from the circumstances, based on our reasonable judgment that you would not object. For example, when you bring your spouse with you when treatment is discussed. We may use our professional judgment to infer that it is in your best interest to allow another person to pick-up filled prescriptions, medical supplies, x-rays or recommend that they take you to your physician or emergency room.

We may use or disclose protected health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of you location, or your general condition. If you are present, then prior to use or disclosure of your protected health information, we will provide you an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment, disclosing only protected health information that is directly relevant to the person's involvement in your healthcare.

**Marketing Health-Related Services:** We may use or disclose your protect health information for marketing purposes with your written authorization.

**Required by Law:** We may use or disclose your protected health information when we are required to do so by federal, state or local law or legal process, for example, subpoena, court order, administrative order, warrant, or summons; and pursuant to worker's compensation laws.

**Abuse or Neglect:** We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your protected health information to the extent necessary to avert a serious threat to your health or safety or the health and safety of others.

**Government Officials and Law Enforcement:** We may disclose to authorized governmental officials protected health information required for lawful investigation, military authorities, the protected health information of Armed Forces personnel, and a correctional institution or law enforcement officials having lawful custody of protected health information of an inmate or patient under certain circumstances

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as postcards, voicemail message, letters, text messages, or Email) or information about oral health care, and related benefits and services.

## PATIENT RIGHTS

**Access:** You have the right to look at or get copies of your protected health information, with limited exceptions. You must request access by sending us a letter to the address at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such a copies, postage, and staff time. If you request an alternative format that we can practicably provide, we will charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fees.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. 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.

**Restriction:** You have the right to request in writing that we place additional restrictions on our use or disclosure of you protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). We are required to agree to requests that we not disclose protected health information to your health plan with respect to services for which you have paid out of pocket in full.

**Alternative Communications:** You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances

**Breach notification:** You have the right to receive notice if the security of your unsecured protected health information is breached.

**Electronic Notice:** If you receive this Notice on our Web site or by Email, you are entitled to receive a paper copy of the Notice upon request.

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you make to amend or restrict the use of disclosure of your protected health information or to have us communicate with you by alternative means or at alternative locations, you may submit a complaint to us using the contact information listed at the end of this Notice. 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.

**We support your right to the privacy of your protected health information. You will not be penalized in any way if you choose to file a complaint with us or with the U. S. Department of Health and Human Services.**

Patient Rights Information And Complaints:	Meridian Park Orthodontics 19255 SW 65 <sup>th</sup> Ave #230 Tualatin, OR 97062 (503) 691-9970
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**ACKNOWLEDGEMENT**  
**OF RECEIPT OF**  
**MERIDIAN PARK ORTHODONTICS NOTICE OF PRIVACY PRACTICES**

\*You May Refuse to Sign This Acknowledgement\*

I, \_\_\_\_\_ have received a copy of the Notice of Privacy Practices.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If Personal Representative, description of authority (parent/guardian, etc): \_\_\_\_\_

Name(s) of individuals(s)  
representing: \_\_\_\_\_

**For Office Use Only:**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but  
acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify):