

BARRY W. BECK, D.D.S., M.D.
ORAL AND MAXILLOFACIAL SURGERY

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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!

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purpose of treatment, payment, and healthcare options. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms for future care or treatment. It also includes billing documents for those services.

Example of Use of Your Health information for Treatment Purposes:

A nurse obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

Example of use of your Health information for Payment Purposes:

We submit a request for payment to your health insurance company. The Health insurance Company requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of Use of Your Health information for healthcare Operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

YOUR HEALTH INFORMATION RIGHTS

The health record we maintain and billing records are the physical property of the practice. The information in it however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted.
- Request that you be allowed to inspect and copy your health record and billing record you may exercise this right by delivering the request in writing to our office.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your healthcare record be mended to correct incomplete or incorrect information by delivering a written request to our office.
- File a statement of disagreement if your amendment is declined, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operation, disclosures made to family members or friends in the course of providing care.
- Request that communication of your health information be made by alternate means or at an alternate location by delivering the request in writing to our office; and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.
- Request restrictions on certain uses and disclosures of PHI, including the right to pay "out of pocket" for treatment and not have the bill for services be submitted to the patient's health plan
- "opt out" of receiving fundraising communications
- Certain types of uses and disclosures of the patient's PHI will only be made pursuant to an authorization from the patient.

If you want to exercise any of the above rights, please contact Dr. Barry W. Beck in person or in writing, during normal business hours. He will provide you with assistance on the steps to take to exercise your rights.

OUR RESPONSIBILITIES

The practice is required to:

- Maintain the privacy of our health information as required by law.
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions. In our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices changes, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of out notice or by visiting our office and picking up a copy.

TO REQUEST INFORMATION OR FILE A COMPLAINT

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Dr. Barry W. Beck at our office.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Dr. Barry W. Beck. You may also file a complaint by contacting the Secretary of Health and Human Services at:
Department of Health and Human Services
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-7889

- We cannot and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Resources (HHS) as a condition of receiving treatment from the practice.
- We cannot and will not, retaliate against you for filing a complaint with the Secretary.

OTHER DISCLOSURES and USES

Notification:

Unless you object we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death. We permit disclosures of a decedent's PHI to family members and others who were involved in the patient's care before death, unless such is inconsistent with the patient's wishes.

The following uses and disclosures require an authorization:

- many uses of psychotherapy notes;
- uses and disclosures of protected health information ("PHI") for marketing; &
- sale of PHI.

APPOINTMENT REMINDERS

We may use or disclose your health information to provide you with appointment reminders (such as voicemails, postcards, letters, e-mails, texts or other similar mobile device communications).

MARKETING HEALTH RELATED COMMUNICATIONS

We will not use your health information for marketing communications without your written authorization.

COMMUNICATION with FAMILY

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care of you do not object or in an emergency.

FOOD and DRUG ADMINISTRATION (FDA)

We may disclose the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

WORKERS COMPENSATION

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

PUBLIC HEALTH

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling diseases, injury, or disability.

IMMUNIZATIONS

We permit disclosure of immunizations to schools if required by law.

ABUSE and NEGLECT

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

CORRECTIONAL INSTITUTIONS

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and the health and safety of other individuals.

LAW ENFORCEMENT

We may disclose your personal health information for law enforcement purpose as required by law, such as when required by court order or in cases involving felony prosecutions, or the extent an individual is in the custody of law enforcement.

HEALTH OVERSIGHT

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

JUDICIAL/ADMINISTRATIVE PROCEEDINGS

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by the proper court order.

NOTIFICATION OF BREACH OF UNSECURED HEALTH INFORMATION

Our policy is to encrypt our electronic files containing your health information so as to protect the information from those who should not have access to it. If, however, for some reason we experience a breach of your unencrypted health information, we will notify you of the breach.

DISCLOSURE ACCOUNTING

You have the right to receive a list of instances in which we or our business associates disclosed your health information over the last 6 years or such shorter time as you may specify. That accounting would not include disclosures made for the purposes of treatment, payment, or health care operations, unless we maintain your health record electronically, in which case, after January 1, 2011, we may need to provide you with an accounting of treatment, payment, or health care operations disclosures for no more than 3 prior years, but not including any treatment, payment, or health care operations disclosures prior to January 1, 2011. 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.

ELECTRONIC NOTICE

If you receive this Notice on our Web site or by electronic mail (e-mail), you have the right to request a paper copy of this Notice. You may make such a request by writing to the address provided at the beginning of this Notice.

OTHER USES

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

Effective Date: April 1, 2003 Revised September 23, 2013