PEORIA ORAL & IMPLANT SURGERY
NOTICE OF PRIVACY PRACTICES

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 as the Privacy of your health information is important to us.

Our Legal Duty

We are required be applicable federal and state laws to maintain the privacy of your health information. We are also required to give you this notice. We must follow the privacy practices that are herein described. This notice takes effect 03/01/2022 and will remain in effect until amended or replaced. We reserve the right to change our policy practices and the terms of this Notice at any time, provided by applicable laws. We reserve the right to make any changes in the terms or our Notice for all health information we maintain, including health information we created or received before we made the changes. Before we make changes in our privacy practices, we will inform you that a change is being made and make the new Notice available upon request.

Uses and Disclosures of Health Information

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

Treatment- We may use and/or disclose your health information to dentist, physicians or other healthcare providers providing treatment for you or being ancillary involved in your treatment.

Payment- We may use and/or disclose your health information to obtain payment for services provided to you.

Healthcare Operations- We may use and/or disclose your health information in connection with our healthcare operations. These include all hardware and software companies involved with practice management, quality assessment and improvement activities, communication with biotechnical companies through which we obtain any type of mechanical or organic graft, reviewing the competence or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization- In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your information or to disclose or to anyone for any purpose. If you give us this authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except as previously described in this Notice.

To Your Family and Friends- We must disclose your health information to you, as described in the patients' rights section. We may disclose your health information to a family member, friend or other Person to the extent necessary to help with your healthcare or with payment for your health care, but only if you agree that we may do so per this Notice.

Persons Involved with Care- We may use or disclose this information to notify, assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the persons involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, lab results, dental appliances, radiographs or other similar forms or health information.

Marketing Health Related Services- We will not use your information for marketing communications without your written authorization.

Required by Law- We may use or disclose your health information when required to do so by law.

Abuse or Neglect- We may disclose your health information to appropriate authorities if we believe that you are possible victim of abuse, neglect, domestic violence or a possible victim of other crimes. We may disclose health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
National Security- We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized Federal officials' health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institutions or other law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.
Appointment Reminders- We may use and disclose your health information to provide you with appointment reminders (ie., voicemail, email, text, postcards and letters).

Patient Rights

Access- You have the right to look at or get copies of your health information, with limited exceptions. You must make a written request to obtain access to your health information. You may obtain a form to request this access by using the contact information below. You may also request access by sending us a letter. We will charge you a reasonable fee for expenses and staff time. If you request copies, the charge will be $40.00 for staff to locate, copy and postage if required your copy. If you request an alternative format of delivery, a cost-based delivery and copying fee will be charged.
Disclosure Accounting- You have the right to receive a list of instances in which we disclosed information for purposes other than those previously mentioned for the last 6 years, but not before 03/01/2022. If this is requested more than once in a 12-month period, you will be charged a reasonable fee.
Restrictions- You have the right to request we place restrictions on disclosures of your health information. We are not required to agree with these.
Alternative Communications- You have the right to request this, but this request must be made in writing. The request must specify the means, location and satisfactory explanation of handling payments under this request.
Amendments- You have the right to request that we amend your health information. This request must be in writing with an explanation of why it should be amended. We have the right to deny your request.

Questions and Complaints

If there any concerns with your privacy rights, or you disagree with a decision made about access to your health information or any other requests contact us using the information below. You may also submit a written complaint to the US Department of Health and Human Services. We support your right to the privacy of your health information.

Contact Officer- Dr. Nino D. Pollaccia
Office- 623-230-2297 Cell- 720-470-1092 Fax- 623-239-3547
Address- 10210 W Happy Valley Road Suite #150
Peoria, AZ 85383