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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.

OUR LEGAL DUTY

We are required by law to maintain the privacy of your protected health information, to provide you with this Notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We are required to follow the privacy practices described in this Notice while it is in effect. This Notice takes effect on April 15, 2013, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, effective for all protected health information, including protected health information created or received before the changes. Before we make a significant change in our privacy practices, we will change this Notice and make it available upon request. You may request a copy of this Notice at any time.

PROTECTED HEALTH INFORMATION

Protected health information is any information that can identify you relating to your past, present or future medical condition, the provision of health care to you, or the past, present or future payment for the provision of health care. Examples of protected health information include your name, address, date of birth, date of treatment, telephone and fax numbers, email address, social security number, medical record number, health plan beneficiary number, account numbers, drivers' license numbers, and photographs or other images.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In general, we are prohibited by law from disclosing your protected health information. There are, however, a number of exceptions to this rule in which we are allowed or even required to disclose this information. The following discusses a number of ways in which we use and disclose your protected health information.

Yourself: You have a legal right of access to your protected health information. Please see the section labeled "PATIENT'S RIGHTS."

Treatment: We may use or disclose your protected health information to a healthcare provider who is treating you, including consultation with or referral to another healthcare provider. For example, we may share information regarding our treatment of your medical condition to a dentist who referred you to us.

Payment: We may use and disclose your health information to obtain payment for our services, including determination of eligibility and coverage for health care plans, billing, claims management, collection, and other administrative activities. This also includes disclosure to consumer reporting agencies of any of the following items of protected health information: name, address, date of birth, social security number, payment history, account number, and our name and address.

Healthcare Operations: We may use and disclose your protected health information for our health care operations. Health care operations include quality assessment and improvement activities, patient safety activities, population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients about treatment alternatives, reviewing the competence or qualifications of practitioners and providers, conducting training programs, accreditation, certification, licensing, or credentialing activities, activities related to the creation, renewal, or replacement of a health insurance contract, conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs, and general business management and administrative activities.

Family and Friends: We may use or disclose protected health information to family members, friends or any other individual you identify, if that information is directly relevant to that person's involvement with your health care or with payment for your health care, but only if you agree that we may do so.

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

Marketing and Sales: We will not use your protected health information for marketing purposes, nor will we sell your protected health information, without your express written authorization.

Abuse or Neglect: We may use or disclose your protected health information to appropriate authorities authorized by law to receive reports of child abuse or neglect. Additionally, we may use or disclose your protected health information to appropriate authorities authorized by law to receive reports of abuse, neglect or domestic violence if we reasonably believe you to be a victim of abuse, neglect, or domestic violence. We may use or disclose your protected health information if, in our professional judgment, we believe the disclosure is necessary to prevent serious harm to the health or safety of you or others.

Health Oversight Activities: We may use or disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, civil, administrative, or criminal proceedings or actions, or other activities, when disclosure is necessary for appropriate oversight of the health care system, eligibility for government benefit programs, compliance with government regulatory programs, compliance with civil rights laws. We may not disclose your protected health information to health oversight agencies when the investigation is health-related and the subject of the investigation is an individual.

Specialized Government Functions: We may disclose the protected health information of Armed Forces personnel to appropriate military command authorities when authorized by law. We may disclose protected health information to Federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act. We may disclose protected health information to authorized Federal officials for the protection of individuals by the United States Secret Service. We may disclose protected health information of an inmate or patient to a correctional institution or a law enforcement official having lawful custody of an inmate or patient for the provision of health care to those individuals, or for the safety and welfare of that person or others. We may disclose protected health information as authorized by laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

PATIENT'S RIGHTS

Access: You have a right of access to inspect and receive a copy of your protected health information (with limited exceptions). You must make such a request in writing, and sign the request. We must act upon your request within 30 days, or within 60 days if we provide you a written explanation for the delay. We must provide you with access to the records in the format you request, unless it is not readily producible in such format, in which case we must provide you with a readable hard copy of the records. If you make a request for records in electronic format, we must provide you with records in that format, unless it is not readily producible in such format, in which case we must provide you a copy in a readable electronic format. If you direct us to transmit your protected health information to a third party, we must do so, provided you clearly identify the third party and the third party's location. You may obtain a form to request access by using the contact information listed at the end of this Notice. If you request copies, we will charge you \$0.25 for each page (for photocopies), \$5.00 (for electronic copies on portable media (e.g., CD-ROM)), \$10.00 per hour for staff time to locate and copy your health information, and postage if you want the information mailed to you or a third party. If you request an alternate format, we will charge a cost-based fee for providing your information in that format. If you prefer, we will prepare a summary of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Request for Privacy Protection: You have the right to request that we place additional restrictions on our use of your protected health information. We are not required to agree to your request, but if we do, we are required to abide by this agreement, except in case of emergency.

Request for Amendment: You have a right to request that we amend your protected health information. Your request must be in writing, and must explain why the information should be amended. We may deny your request under certain circumstances, including our determination that the records are accurate and complete. We must act upon your request within 60 days, or within 90 days if we provide you a written explanation for the delay.

Disclosure Accounting: You have a right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than those described above. We must act upon your request within 60 days, or within 90 days if we provide you a written explanation for the delay. If you request this accounting more than once in 12 months, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Electronic Notice: If you receive this Notice on our website or by e-mail, you are entitled to receive it in written form.

QUESTIONS AND COMPLAINTS

For further information about any privacy-related matters covered in this Notice, please contact us using the information at the end of this Notice. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request. We support your right to the privacy of your health information. We will not retaliate if you choose to file a complaint with us or with the Department of Health and Human Services.

Contact Officer:

Lorna Clarke

Address:

6844 Silverheel St

Shawnee, KS

(913) 441-7868