



Canandaigua Oral Surgery, PC
500 North Main Street
Canandaigua, NY 14424

Notice of Privacy Practices

This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a set of federal laws and guidelines that requires that all health care records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential.

As required by HIPAA, this is an explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Canandaigua Oral Surgery, PC may use and disclose your health care information only for each of the following purposes:

- **Treatment:** providing, coordinating, or managing healthcare and related services by one or more healthcare providers.
- **Payment:** activities such as obtaining reimbursement for services, confirming insurance coverage, billing or collections activities, and utilization review.
- **Health Care Operations:** the business activities of running Canandaigua Oral Surgery, PC.

Canandaigua Oral Surgery, PC may also create and disclose healthcare information using your individual identifiable information by removing all references to individually identifiable information.

Canandaigua Oral Surgery, PC may, without your consent, use or disclose protected health information to carry out treatment, payment, and health care operations in the following circumstances:

- In emergency treatment situations, if we attempt to obtain such consent as soon as is reasonably possible after the delivery of such treatment
- If we are required by law to treat you, and we attempt to obtain such consent but are unable to do so in a timely fashion commensurate with the urgency of your treatment needs.
- If we attempt to obtain your consent but cannot do so due to substantial barriers in communication with you, and we determine that your consent to receive treatment is clearly inferred from the circumstances.

Canandaigua Oral Surgery, PC may contact you to provide appointment reminders or information about your treatment or account management.

I hereby authorize contact regarding appointment confirmation and other office management matters using telephone voicemail, and will authorize and permit leaving voice messages.

_____ **Signature** _____ **Date**

Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by your request except to the extent that we have already taken actions relying on your prior authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the office manager:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to other family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree with all requested restrictions. If we do not agree to a restriction, we are still required to abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information by alternative means and at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive and accounting of disclosures of protected health information.
- A right to obtain a copy of this notice from us upon request.

Canandaigua Oral Surgery, PC is required by law to maintain the privacy of your protected health information and to provide you with notice of our legal responsibilities and privacy practices with respect to protected health information.

This notice is effective as of March 12, 2003. Canandaigua Oral Surgery, PC is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new provisions effective for all protected health information that we maintain. We will post a current policy, and you may request a current Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal and written complaint with the Department of Health and Human Services.

The US Department of Health and Human Services
Office of Civil Rights
200 Independence Ave. S.W.
Washington, DC 20201
202.619.0257
877.696.6775

Patient Name: _____ Date: _____

Signature: _____