

(INSERT FOR STATE LAWS THAT ARE MORE STRINGENT THAN HIPPA) 1

We may also contact you via mail or phone to remind you of appointments with our office to discuss treatment alternatives.

In the event our practice wishes to disclose your PHI to another entity besides those referenced above, we are required to obtain your authorization. Aiken/Augusta Oral and Facial surgery would seek your authorization to release your PHI for reasons other than treatment, payment, or for our practice's operations. For example, if we desired to participate in outside research or drug study, we would need your written authorization prior to being permitted to release your PHI to such outside research facility of drug manufacturer. If you provide us with an authorization, you have the ability to revoke such authorization at any time by sending Aiken/Augusta Oral and Facial Surgery a written revocation. However, if we have already released such information pursuant to your prior authorization, the revocation will be effective for all future disclosures.

Please be further advised that you have the ability to access, copy, and inspect and your dental/health information that we maintain. Additionally, if you desire, Aiken/Augusta Oral and Facial Surgery can provide you with an accounting of all disclosures for treatment, payment, and/or healthcare operations and pursuant to authorization.

If you have a dispute with our practice regarding your PHI or this disclosure, and feel that your primary rights have been violated, please contact Ashley Fulmer, Office Manager/Privacy Officer to file a dispute. You may also contact the Secretary of Health & Human Services to file a complaint. Aiken/Augusta Oral and Facial Surgery reserves the right to amend this notice as needed.

Please sign below acknowledging receipt of Aiken/Augusta Oral and Facial Surgery dental/health privacy notice:

I, _____, have received a copy of this Office's Notice of privacy practices.

Please Print Date

Signature Date

For office use only

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

- individual refused to sign
 - communication barriers prohibited obtaining acknowledgement
 - an emergency situation prevented us from obtaining acknowledgement
 - other (please specify)
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PRIVACY NOTICE TO PATIENTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY AIKEN/AUGUSTA ORAL AND FACIAL SURGERY, AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE READ CAREFULLY.

EFFECTIVE APRIL 14TH 2003

Under the HIPPA regulations, the office of Aiken/Augusta Oral and Facial Surgery and all similar health care providers are required by federal law to maintain the privacy of your protected health information (PHI) and will abide by the terms in the privacy notice.

Please be advised that Aiken/ Augusta Oral and Facial Surgery may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing you with oral surgical care when you visit our office. Under federal law, we may disclose your PHI for payment purposes. For example, we will disclose your PHI to your insurance provider, employer or other party responsible for providing you with dental/health insurance coverage in order for Aiken/Augusta Oral and Facial Surgery to obtain payment for services rendered to you. We will also use or disclose your PHI when required by the Secretary of the US Department of Health & Human Services.

Unless disclosure is required under federal law, state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI without your authorization. Aiken/Augusta Oral and Facial Surgery may use or disclose your PHI in accordance with the specific requirements of the HIPPA rules without needing to obtain your authorization in the information is:

1. Required by law
2. Required for public health purposes
3. Required disclosures about victims of abuse, neglect, or domestic violence
4. Required by a health oversight agency for oversight activities authorized by law
5. Required in the course of any judicial or administrative proceedings
6. Required for law enforcement purpose to law enforcement official
7. Required by a coroner or medical examiner
8. Required by an organ procurement organization for research
9. If disclosure is necessary to prevent or lessen a serious and imminent threat to the health of safety of a person or the public

Additionally, if you are a member of the armed forces, Aiken/Augusta Oral and Facial Surgery is permitted to disclose your PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate military mission.