



McMillian Orthodontics

ORTHODONTICS FOR ALL AGES

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MANENTE NC, P.C.

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information and your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our Notice at any time. The new Notice will be effective for all protected health information we maintain then. It will be available upon request and on our website.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following are examples of the types of uses and disclosures of your protected health information that MANENTE NC, P.C. can make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that we may make.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a physician or hospital that provides care to you.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include responses to inquiries regarding invoices for the healthcare services we provide.

Health Care Operations: We may use or disclose your protected health information to support our business activities, including quality assessment, employee review, training and conducting or arranging for other business activities. We also may share your protected health information with third-party “business associates” that perform various activities for us. We will have a written contract with business associates to protect the privacy of your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about our services or other health-related benefits and services that may be of interest to you; you may contact our Privacy Officer to opt out of receiving these materials.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

These situations include:

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority permitted by law to collect or receive it. For example, a disclosure may be made to prevent or control disease.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including: to report adverse events, product defects or problems, biologic product deviations, or to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner, medical examiner, or funeral director to assist them in performing their legally authorized duties.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for

activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

Minors: We may share a minor's health information with the minor's parents or guardians unless such disclosure is prohibited by state or federal law.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. For example, uses or disclosures for certain marketing activities or that constitute a sale of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke any authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures that you previously authorized.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care, if any. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your caregiver may, using professional judgement, determine whether the disclosure is in your best interest.

Other Legal Requirements

State and federal laws may provide additional protection of some of your protected health information. For example, we may need to obtain your authorization for a court order to disclose certain sensitive information, such as information regarding mental health or substance use disorder treatment. We also may need to obtain your permission to disclose protected health information to certain state-sponsored registries.

2. YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you. You may access or obtain your records, including medical and billing records and any other records that MANENTE NC, P.C.

uses for making decisions about you. As permitted by federal and state law, we may charge you a reasonable copy fee for a copy of your records. If legally permitted, MANENTE NC, P.C. may deny access to certain information, including information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes. We are not required to agree to a restriction except if you request to restrict disclosure of your protected health information to a health plan, if (i) the disclosure is for payment or other health care operations purposes and is not otherwise required by law and (ii) the information pertains solely to a health care item or service for which you paid MANENTE NC, P.C. in full. If MANENTE NC, P.C. does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by contacting our Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing to our Privacy Officer.

You may have the right to request an amendment of your protected health information. In certain cases, we may deny your request for an amendment, and you will have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement or correctional facilities, or as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. **You have the right to be notified of a breach of unsecured protected health information that affects you.**

3. COMPLAINTS

You may complain to us or to the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with the Department at www.hhs.gov/ocr/privacy/hipaa/complaints and with us by notifying our Privacy Officer via phone at (617)535-3383 ext. 222, or mail at 131 Dartmouth St Fl 3 Boston, MA 02116. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on January 1, 2023.