

NOTICE OF PRIVACY PRACTICES

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Ellis Oral Surgery

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. **The privacy of your health information is important to us.**

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. *This Notice takes effect (05/31/12), 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, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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 or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose of your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and 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 health information or to disclose it to anyone for any purpose. If you give us an 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 was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you as described in the Patient Rights section of this Notice. 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 the payment for your healthcare, but only if you agree that we may do so.

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Persons Involved In Care: We may disclose health information to notify, or 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 judgment disclosing only health information that is directly relevant to the person's 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, x-rays, or similar forms of health information.

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

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

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your 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 institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, e-mails, postcards, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request

in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$1.00 per page for the first 10 pages, \$.50 per page for pages 11-50, and \$.20 per page for pages 51 and higher and a \$15.00 initial search fee to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation 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.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. *{You must make your request in writing.}* Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

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



Thank you for choosing Ellis Oral Surgery for your oral & maxillofacial surgery needs. **We are committed to providing the services you expect in a safe, friendly, and professional manner.**

OUR FINANCIAL POLICY

A. Patients who do not have medical or dental insurance

Payment is expected in full prior to the services being rendered.

B. Patients who have verified medical and/or dental insurance benefits

Deposit or full payment (in some cases) is payable prior to the services being rendered. As a courtesy to you, we will file insurance. Any credit due you will be refunded or applied to future services.

NOTE: *A predetermination of benefits will be submitted ONLY at your request.*

C. Payment Options

- Cash, check, MasterCard, Visa, American Express or debit cards are acceptable.
- H.S.A. and Flexible Spending benefit cards or checks are acceptable.
- Care Credit – For those patients who prefer to extend payments beyond the conclusion of treatment. We are pleased to offer Care Credit; the American Dental Association approved commercial line of credit specifically designed for the payment of dental care. To learn more about this option, feel free to speak to the financial office.

NOTE: *Financing options are not available in conjunction with the courtesy discount and/or in-network dental plans.*

D. Account Refunds

Accounts reflecting a credit balance after insurance payment is received, change of treatment plan, etc. will be refunded in the form of a check unless the financial office is alerted otherwise.

E. If you arrive on the day of your appointment with no means of payment, we reserve the right to reschedule your appointment

PLEASE NOTE THE FOLLOWING:

- Any quoted fees are an estimate only and are valid for a period of one year.
- The financial obligation for services received is your responsibility and not the responsibility of Ellis Oral Surgery or your insurance carrier.
- Divorced Parents: The parent who is present with the patient at the time of appointment will be considered the “financially responsible party” and will be accountable for all fees incurred.
- We will file your primary medical and primary dental insurance. We will file to secondary dental insurance should a balance remain on the account after primary payment is received. Filing of secondary medical insurance claims are the patient’s responsibility.
- Account balance is due 60 days from the date the services were rendered whether payment has been received from your insurance carrier or not.
- A 1.5% service charge (18% per annum) may apply to past due balances.
- In the event your account becomes delinquent, you may be responsible for any and/or all collection fees (i.e. 35% of account balance sent to collection agency).