

SUNNYBROOK DENTAL HIPAA AGREEMENT

JOINT NOTICE OF PRIVACY PRACTICE:

Original Effective Date: April 14, 2003

Update Effective Date: January 1, 2020

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. If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you. If you have any questions about this notice, please contact our Privacy Officer at 913-829-7000.

Section A: Who Will Follow This Notice

This notice describes Sunnybrook Dental's practices and that of: any health care professional authorized to enter information into your medical record maintained by Sunnybrook Dental facility, such as doctors, hygienist, dental assistants, front desk staff and others; all departments and units of Sunnybrook Dental facilities, hospitals, outpatient facilities, home health agencies, hospices and other departments, all employees, staff, students, volunteers and other personnel of Sunnybrook Dental facilities; all third party business partners that assist Sunnybrook Dental with providing technology tools or other healthcare operations.

Section B: Our Pledge Regarding Your Personal Health Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated or maintained by Sunnybrook Dental facilities, whether made by our employees or your personal doctor. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to: Use our best efforts to keep medical information that identifies you private; Give you this notice of our legal duties and privacy practices with respect to medical information about you; and Follow the terms of the notice that is currently in effect.

Section C: Use and Disclosers of Protected Health Information

We may share your medical information in any format we determine is appropriate to efficiently coordinate the treatment, payment, and health care operation aspects of your care. For example, we may share your information orally, via fax, on paper, or through electronic exchange. We also ask you for consent to share your medical information in the admission documents you sign before receiving services from us. This consent is required by state law for some disclosures and allows us to be certain that we can share your medical information for the reasons described below. Not every use or disclosure in a category will be listed. **Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, hygienists, dental assistants or other personnel who are involved in taking care of you. **Payment:** We may use and disclose medical information about you so that the treatment and services you receive at Sunnybrook Dental may be billed to and payment may be collected from you, an insurance company or a third party. **Health Care Operations:** We may use and disclose medical information about you for Sunnybrook Dental operations. These uses and disclosures are necessary to run Sunnybrook Dental and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when you are ready to be seen. We may use and disclose your information as needed to conduct or arrange for legal services, auditing, or other functions. We may give out your medical information to our business associates that help us with our administrative and other functions. These business associates may include but not limited to consultants, lawyers, accountants, and other third parties that provide services to us. **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Sunnybrook Dental. **Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. **Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. **Individuals Involved in Your Care or Payment for Your Care:** Unless you tell us otherwise, we may release medical information about you to family member or other individual who is involved in your medical care; we may give information to someone who helps pay for your care; or we may tell your family your condition and that you are a patient at Sunnybrook Dental. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and status. We may use or disclose your personal health information without your authorization as required by law. These situations include: Research, To Avert a Serious Threat to Health or Safety, Military and Veterans, Workers' Compensation, Public Health Risks, Health Oversight Activities, Lawsuits and Disputes, Law Enforcement, Coroners, Medical Examiners and Funeral Directors, National Security and Intelligence Activities, Protective Services for the President and Others, and Inmates. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with requirements of section 164.500.

Right to Inspect and Copy: You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If you request a copy of the

information, we may charge a fee for the costs of labor, copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy medical information in certain circumstances. **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." The accounting will exclude certain disclosures as provided in applicable laws and rules such as disclosures made directly to you, disclosures you authorize, disclosures to family members or others involved in your care, disclosures for notification purposes and certain other types of disclosures made to correctional institutions or law enforcement agencies. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. **Right to a Notice of Breach:** You have the right to receive written notification of a breach if your unsecured medical information has been accessed, used, acquired or disclosed to an unauthorized person as a result of such breach, and if the breach compromises the security or privacy of your medical information.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Section G: Do You Have Complaints or Concerns?

If you believe your privacy rights have been violated, you may file a complaint with Sunnybrook Dental or with the Secretary of the Department of Health and Human Services. To file a complaint with Sunnybrook Dental, please contact: The Privacy Officer at 913-829-7000, or email at Contact@sunnybrookdental.com. All complaints must be submitted in writing. **You will not be retaliated against for filing a complaint.**

Section H: Other Uses of Medical Information That Require Your Authorization

The following types of uses and disclosures of medical information will be made only with your written permission: Psychotherapy Notes. These notes require your written authorization for disclosure unless the disclosure is required or permitted by law.

Marketing: We must get your permission to use your medical information for marketing unless we are having a face-to-face talk about the new health care product or service, or unless we are giving you a gift that does not cost much to tell you about the new health care product or service. We must also tell you if we are getting paid by someone else to tell you about a new health care item or service.

Section I: Organized Health Care Arrangement

Sunnybrook Dental, its Staff, and other health care providers affiliated with Sunnybrook Dental have agreed, as permitted by law, to share your medical information among themselves for purposes of your treatment, payment or health care operations at Sunnybrook Dental. We reserve the right to change the terms of this notice and will inform you by mail of any changes. This enables us to better address your health care needs.

In an effort to provide quality care, Sunnybrook Dental and staff asks you to consent to the release of your medical information and supersensitive data in our admission documents when you come to our facility. If you would like to restrict these disclosures, please contact our Privacy Officer.

Signature below is acknowledgement of Sunnybrook Dental Notice of Privacy Practices.

Printed Name: _____

Signature: _____

Date: _____