

CALLAHAN, FLANAGAN, SMITH & STOCK ORTHODONTICS, 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.
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 September 23, 2013 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.

PROTECTED HEALTH INFORMATION

"Protected Health Information" is information that individually identifies you. It is information that we create or get from you, another health care provider, health plan, employer, or health care clearinghouse, that relates to (1) your past, present, or future physical or mental health conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

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 a health plan or insurer to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose 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.

Business Associates: We may use or disclose your health information to business associates, which we have entered into agreements with, such as software management, accountants, and consultants, to provide services or functions on our behalf.

Notification: We may use or disclose your health information when contacting you or your representative regarding an appointment for your care. Contact may be made by mail, phone, voice messaging, text, or email.

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 payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or 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 other similar forms of health information.

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

Fundraising: We will not contact you, or disclose your health information, for any fundraising efforts.

LESS COMMON USES AND DISCLOSURES OF HEALTH INFORMATION

Required by Law: We may use or disclose your health information when we are required to do so by law. This includes Workers' Compensation, Public Health authorities, Judicial and Administrative Proceedings upon court order, Funeral Directors/ Coroners, and Law Enforcement.

Food and Drug Administration: We may disclose your health information as it relates to adverse events to facilitate product recalls, repairs, or replacements.

Health Oversight Activities: We may disclose your health information to be used by authorized agencies to complete audits, investigations, and oversight of health care systems and government benefit programs.

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.

Essential Government Functions: 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.

PATIENT RIGHTS

Access: You have the right to look at, or get copies, of your health information with limited exceptions. 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. You may also request access by sending a letter to the address at the end of this Notice. If your health information is in electronic format, we will provide your health information in that format. If you request copies (paper or electronic), we may impose a reasonable charge, not to exceed costs. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Copies will be provided to you within the time frames established by law.

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 ask that such requests are made in writing and be advised we are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

You may request that we do not disclose information related to services paid for out-of-pocket in full. We ask this request be made in writing. We will abide by this request except in instances where we are required by law to make a disclosure.

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.

Notice of Breach: You have the right to be notified following the discovery of a breach of your unsecured health information.

Privacy Policy: You have the right to request and obtain a paper copy of our Notice of Privacy Practices upon request.

QUESTIONS AND COMPLAINTS

You have the right to express complaints to us and to the Secretary of Health and Human Services (HHS) if you believe we have violated your privacy rights. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

If you want more information about our privacy practices, have questions, concerns, please contact our privacy officer. If you feel we have violated your rights, or disagree with a decision we have made regarding your health information, you may complain to the privacy officer using the contact information at the end of this notice.

To file a complaint with the Secretary of HHS mail your complaint to the Office for Civil Rights (OCR): Centralized Case Management Operations, US Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or go to www.hhs.gov.

Contact Officer: Judy Decker Telephone: 315-703-8475 Fax: 315-663-0297 E-mail: judyd@cfsbraces.com
Address: Drs. Callahan, Flanagan Smith & Stock, 404 E. Genesee St., Fayetteville, N.Y. 13066

ACKNOWLEDGEMENT and CONSENT

****You May Refuse to Sign This Acknowledgement and Consent****

By signing below, I hereby acknowledge that I have been provided with a copy of this office's Notice of Privacy Practices and have therefore been advised of how my protected health information may be used and disclosed by the office and how I may obtain access to and control this information. In addition, by signing below, I hereby consent to the use and disclosure of my health information for treatment purposes, payment activities and healthcare operations of the office as described in the Notice.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative (including description of legal authority)