

BRANT ROUSE, DDS, PLC
New Direction Dental
559 Meadow Creek Drive
Tahlequah, Oklahoma 74464
918-456-0977

HIPAA Privacy Policies and Procedures

General Rule: No Use or Disclosure

The dental office of Dr Rouse must not use or disclose protected health information (PHI), except as these Privacy Policies and Procedures permit or require.

Acknowledgement and Optional Consent

The office of Dr Rouse will make a good faith effort to obtain a written acknowledgement of receipt of our Notice of Privacy Practices from a patient before we use or disclose his or her protected health information (PHI) for treatment, to obtain payment for that treatment, or for our healthcare operation (TPO).

Our dental office's use or disclosure of PHI for our payment activities and healthcare operations may be subject to the minimum necessary requirements.

Our office will become familiar with Oklahoma's privacy law. If required by state law, or as directed by Dr. Rouse, we will also seek Consent from a patient before we use or disclose PHI for TPO purposes – in addition to obtained an Acknowledgement of receipt of our Notice of Privacy Practices.

- a. Obtaining Consent – if consent is to be obtained, upon the individual's first visit as a patient (or next visit if already a patient), our dental office will request and obtain the patient's written consent for our use and disclosure of the patient's PHI for treatment, payment, and healthcare operations. Any consent we obtain must be on our Consent form, which we may not alter in any way. Our dental office will include the signed Consent form in the patient's chart.

- b. Exceptions – Our dental office does not have to obtain the patient's consent in emergency treatment situations; when treatment is required by law; or when communications barriers prevent Consent.
- c. Consent Revocation – A patient from whom we obtain consent may revoke it at any time by written notice. Our dental office will include the revocation in the patient's chart. There is space at the bottom of our Consent form where the patient can revoke the consent.
- d. Applicability – Consent for use or disclosure of PHI should not be confused with informed consent for dental treatment. The section applies to our practice.

Authorization

In some cases, we must have proper, written authorization from the patient or patient's personal representative before we use or disclose a patient's protected health information for any purpose, except payment, or as required or permitted without consent or authorization.

The office of Dr Brant Rouse will use the authorization form and will act in strict accordance with the authorization.

- a. A patient may revoke an authorization at any time by written notice. Our office will honor this.
- b. The office of Dr Brant Rouse will use or disclose protected health information as permitted by a valid authorization we receive from another healthcare provider.

Oral Agreement

Our dental office may use or disclose a patient's protected health information with the patient's oral agreement. We may use professional judgment with common practice for the patient's best interest in allowing a person to act on behalf of the patient to pick up supplies, x-rays, etc. We will do all possible to verify the identity of the person that this information is released to.

Our office does not do marketing that would involve the release of any information about a patient.

An exception to the oral or written agreement would be for coroners, medical examiners, and funeral directors, reporting of neglect, abuse, to law enforcement if required by law, etc.

Minimum Necessary

Our office will make reasonable efforts to disclose, or request of another covered entity, only the minimum necessary protected health information to accomplish the intended purpose.

Notice of Privacy Practices

Dr Rouse will maintain a Notice of Privacy Practices as required by Privacy Rules.

We will use and disclose protected health information in conformance with the contents of our Notice of Privacy Practices and will revise them whenever there is a material change to our legal duties, to the patient's rights, etc.

Dr Rouse will provide a Notice of Privacy Practices to any person who requests it.

This notice will be posted and will be available for patients to take with them.

Dr Rouse will make a good faith effort to obtain from the patient a written Acknowledgement of Receipt of our Notice of Privacy Practices.

Patient's Rights

Our office will honor the rights of the patient regarding their protected health information.

With rare exceptions, we will permit the patients to request access to the protected health information we hold. We may offer to provide a summary of the information in the chart.

Patients have a right to amend their protected health information and other records for as long as we maintain them. We may deny a request to amend protected health information or record if we did not create the information, if we believe the information is accurate and complete, or we do not have the information.

We will not physically alter or delete existing notes in a patient's charts. We will inform the patient when we agree to make an amendment.

Treatment

We may use and disclose your health information for your treatment (e.g. to a specialist providing treatment to you)

Payment

We may use and disclose your health information to obtain reimbursement for the treatment services you receive from us. (Billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, and insurance company, or third party)

Individuals Involved in Your Care or Payment for Your Care

If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information

Required by Law

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

Public Health Activities

We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability
- Report child abuse or neglect
- Report reaction to medications or problems with products or devices
- Notify a person who may have been exposed to a disease or condition, or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence

National Security

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal official health information required by law.

Secretary of HHS

We will disclose your health information to the Secretary of the US Department of Health and Human Services when required to investigate or determine compliance with HIPAA

Judicial and Administrative Proceedings

If you are involved in a lawsuit, we may disclose your PHI in response to a court or administrative order.

Coroners, Medical Examiners, and Funeral Directors

We may release your PHI to a coroner or medical examiner (identification, cause of death)

Access

You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing.

Right to Request a Restriction

You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official in our office. Your written request must include 1) what information you want to limit 2) whether you want to limit our use, disclosure or both 3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purpose of carrying out payment or health care operation, and the information pertains solely to a health care item or service from which you, or a person on your behalf has paid our practice in full.

We will NOT use your PHI for use for marketing etc. without your written permission.

Staff Training and Management

Dr Rouse will train all members of our office in these Privacy Policies and Procedures, as necessary and appropriate for them to carry out their functions. We will train each new staff member within a reasonable time after they start their job.

Our dental office will develop, document, disseminate, and implement appropriate discipline policies for staff members who violate our Privacy Policies and Procedures, the Privacy Rules, or other applicable federal or state privacy law.

Complaints

Dr Rouse will implement procedures for patients to complain about our compliance with our Privacy Policies and Procedures or the Privacy Rules. We will also implement procedures to investigate and resolve such complaints.

We will maintain in written or electronic form all documentation required by the Privacy Rules for six years from the date of creation or when the document was last in effect, whichever is greater.

Only Dr. Rouse may change these Privacy and Policy Procedures.

HHS Enforcement

Dr Rouse will give the U.S. Department of Health and Human Services (HHS) access to our facilities, books, records, accounts, and other information sources.

We will cooperate with any compliance review or complaint investigation by HHS, while preserving the rights of our practice.

Designated Personnel

Dr Rouse will designate a privacy officer and other responsible persons as required by the Privacy Rules.

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**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Patient Name: _____ Date: _____

I may refuse to sign this acknowledgement.

**I have been offered and / or received a copy of Dr Brant Rouse's
Notice of Privacy Practices.**

I understand that my PHI (Protected Health Information) can and will be used for purposes of treatment and for payment from both myself and/or third party. I understand that I may request a copy of the privacy policies at any time.

Expiration -- 3 Years from Initial Signature; Insurance Change; Pt reaches age of 18 _____

I consent for the office of Dr Brant Rouse to share my personal information with the following: (family, friends, etc.)

Name / Relationship / Phone

_____/_____/_____

_____/_____/_____

_____/_____/_____

Signature: _____