

NOTICE OF PRIVACY PRACTICES

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.

Kopp & Bloom DDS, PC is required by law to maintain the privacy of protected health information, to provide individual with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected 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.

Kopp & Bloom DDS reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and will provide copies of the new Notice 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 at the end of this Notice.

1. Our Pledge Regarding Health Information.

Kopp & Bloom DDS, PC understands that information about you and your health is personal. We are committed to protecting the privacy of your health information and pledge to maintain the confidentiality of your health information as stated in this Notice and required by applicable law.

2. Understanding Your Health Information.

Each time you visit Kopp & Bloom, DDS, a record of your visit is made. Your health record includes, but is not limited to your symptoms, test results, diagnoses, treatments, insurance, demographic information and care plan. This information, referred to as your health or medical record, may be kept on paper, electronically, or stored by other media such as photographs, videotapes, or other images and services as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal documents describing the care you received;
- Means by which you or a payer, such as an Insurance Company, can verify that services billed were actually provided;
- Tool in educating health professionals
- Source of information for public health officials charged with improving the health of the nation;
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve;
- Source of information for facility planning and marketing; and
- Source of information for medical research.

Understanding what is in your health record allows you to ensure its accuracy. Understanding how your health information is used helps you to better understand who, what, when, where, and why others may access it and make informed decisions when authorizing disclosures to others.

3. The Purpose of This Notice.

By law, Kopp & Bloom DDS, PC must comply with specific requirements regarding how we use, disclose and store your protected health information. In order to comply with these laws, Kopp & Bloom DDS must provide you with this Notice of Privacy Practices.

This Notice applies to all of the records of your care generated by Kopp & Bloom DDS, for the purpose of providing treatment, obtaining payment or for other office operations, whether made by facility personnel or your personal doctor. This Notice will tell you the ways in which we may legally use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. The terms "medical" and "health" information and records have the same meaning

4. Who Will Follow This Notice?

This Notice applies to privacy practices of Kopp & Bloom DDS, PC, and all personnel at this practice.

This Notice also covers personnel at other facilities who may have access to your health information at their locations and share it with us to assist in reviewing past treatment information as it may affect current treatment.

Application of the Notice to any independent contractors who are not employees or agent of Kopp & Bloom DDS, but are governed under this Joint Notice of Privacy Practices, is solely for your convenience and is not meant to imply, infer, or create any agency or employment relationship between the physicians and the facility, either actual or implied. In addition, the Notice does not alter, limit, or modify any consents for treatment or procedures in effect during the time care is provided at Kopp & Bloom DDS.

5. Kopp & Bloom's Duties.

By law Kopp & Bloom DDS are required to:

- Make sure that any medical information that identifies you is kept private;
- Give you this Notice of Privacy Practices describing our legal duties and privacy practices with respect to your medical information;
- Follow the terms of the most current Kopp & Bloom DDS Notice of Privacy Practices; and
- Notify you if we discover a breach of your health information, unless after a risk assessment has been performed, it is demonstrated that there is a low probability that your health information has been compromised.

6. Uses and Disclosures.

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. The following categories describe and provide some examples of different ways that we will use and disclose health information.

- **Treatment.** We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing additional treatment to you.
- **Payment.** Unless you specifically restrict uses or disclosures related to payment and we agree to your restriction, we will use your health information to bill for and obtain payment for treatment services you received at our office. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.
- **Health Care Operations.** We may use and disclose health information about you in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities. This information is used in an effort to continuously improve the quality and effectiveness of the health care services we provide. We may disclose limited health information about you to other health care providers for certain purposes of their operations.
- **As Required or Permitted by Law.** We may use or disclose your health information when we are required to do so by law to legal authorities, such as law enforcement officials, court officials, or government agencies.
- **Disaster Relief.** We may use or disclose your health information to assist in disaster relief efforts.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. 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.
- **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 reactions to medications or problems with products or devices;
 - Notify a person of a recall, repair, or replacement of 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 information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.
- **Security of HHS.** We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.
- **Worker’s Compensation.** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs established by law.
- **Law Enforcement.** We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.
- **Judicial and Administrative Proceedings.** If you are involved in a lawsuit or dispute, we may disclose your PHI during a judicial or administrative legal proceeding in response to a court or administrative order. We may also disclose health information about you in response to a legal subpoena, discovery request or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.
- **Health Oversight Activities.** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
- **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to product and product defects, or post marketing information to enable product recalls, repairs, or replacement.
- **Fundraising.** We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. You may opt out of receiving any communications and we will not use any of your personal or health information for the purpose of fundraising, without your permission.
- **Appointment Reminders and Certain Other Communications.** We may use PHI to contact you in order to provide appointment reminders, to provide information about treatment or other health-related benefits.
- **Contracted Services.** There are some services provided in our organization through contracts with other service providers. Examples include, but are not limited to, physician services in radiology, collection agencies for payment of services, electronic data storage vendors for storage of medical records and business document, or electronic submission or copy services used when sending your medical records in a secure manner. These vendors are referred to as “Business Associates”. When these services are contracted, we may disclose health information to these contracted service providers to assist in your care or to also assist us in our business activities, such as a billing company, computer company or accountant. They may bill you, your insurance company or third party payer directly for payment by your dental plan for the services rendered. To protect your health information, all contracted service providers and any subcontractors who may have access to your health information on behalf of the contracted service providers, have assured us in writing that they will appropriately safeguard your health information in accordance with applicable law.

7. Other Uses and Disclosures of PHI. Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as

otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

8. Your Health Information Rights.

- **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. 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 us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor or copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.
- **Disclosure Accounting.** With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. 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 the additional request.
- **Right to Request a Restriction.** You have the right to request additional restrictions on our use of disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (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. **We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment** or health care operations, and the information pertains solely to a health care item of service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.
- **Alternative Communication.** You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.
- **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. If we agree to your request, we will amend your records(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.
- **Right to Notification of a Breach.** You will receive notifications of breaches of your unsecured protected health information as required by law.
- **Electronic Notice.** You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (email).

9. Questions and Complaints. If you want more information about our privacy practices or have questions or concerns please contact us.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us by using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

10. Contact Information.

If you have any questions, comments or complaints about your privacy or this Notice, please contact:

Kopp & Bloom DDS, PC

Director of Compliance, Office Manager

615 Dakota Street – Suite A

Crystal Lake, IL 60012

Phone 815-477-4055

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 with us or with the U.S. Department of Health and Human Services.

Our Privacy Official: Pamela Hickey, Office Manager

Business Name: Kopp & Bloom DDS, PC

Telephone: 815-477-4055 Fax: 815-477-4057

Address: 615 Dakota Street - Suite A Crystal Lake, IL 60012

Email: Koppandbloom@att.net

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