



Liberty Oral & Facial Surgery

Notice of Privacy Practices

Effective: 08/01/2024

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This Facility is required by law to provide you with this Notice of Privacy Practices, hereof after “Notice”, so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as “Protected Health Information”, hereof after “PHI”. We are required to adhere to the terms outlined in this Notice, to maintain the privacy of your PHI, and to notify affected individuals of a breach of unsecured PHI. If you have any questions about this Notice, please contact our Facility’s HIPAA Compliance Officer.

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY!

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Each time you are seen for an appointment, our office may collect a record of health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

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- Plan your care and treatment
- Communicate with other health professionals involved in your care
- Document the care you receive
- Educate health professionals
- Provide necessary information for medical research
- Provide information to public health officials
- Evaluate and improve the care we provide
- Obtain payment for the care we provide

Understanding what is in your record and how your health information or PHI is used helps you to ensure it is accurate, better understand who may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR PATIENT RIGHTS

<p>Get a copy of your paper or electronic medical record</p>	<ul style="list-style-type: none"> • You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. • You may be required to submit your request in writing. Email us with the subject "Attention Medical Records"
<p>Ask us to correct your paper or electronic medical record</p>	<ul style="list-style-type: none"> • You can ask us to correct health information about you that you think is incorrect or incomplete. This request must be made in writing with a reason to support your request. • We may say "no" to your request, but we will tell you why your request was denied in writing within 60 days. • We will deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information kept by or for the facility; or is accurate and complete.
<p>Request alternative communication methods for confidentiality</p>	<ul style="list-style-type: none"> • You can request us to contact you in a specific way or to send mail to a different address. For example: you may request to be contacted via home phone, cell phone, email, text, specific mailing addresses, etc. We will accommodate all reasonable requests.
<p>Ask us to limit the information we share</p>	<ul style="list-style-type: none"> • You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. • In your request, you must tell us: what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply (for example, disclosures to your spouse or family member, or friend) • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will abide by your request unless a law requires us to share that information.
<p>Get a list of those with whom we've shared your information</p>	<ul style="list-style-type: none"> • You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations. • Requests will be subject to a cost-based fee after the first disclosure list request. You will be informed of the cost prior to incurring fees. • Your request must state a time period which may not be longer than six years from the date the request is submitted. The request should indicate paper or electronic preference.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> • You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will require documented proof that the person acting on your behalf is legally has this authority to act for you prior to taking any action.
<p>File a complaint if you believe your privacy rights have been violated</p>	<ul style="list-style-type: none"> • If you feel your rights have been violated, please contact us using the information on page 5. Our HIPAA Compliance Officer will assist in formally filing your complaint with the facility and will try to find resolution. It may be required that your complaint be made in writing. <i>You will not be penalized for filing a complaint.</i> • You have a right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/

	<ul style="list-style-type: none"> privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.
Request information to be shared	<ul style="list-style-type: none"> You have both the right and choice to tell us to share information with your family, close friends, or others involved in your care. Depending on the situation, we may require an Authorization of Release of Information form be completed by you prior to any action being taken.

OUR USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

For Treatment	<ul style="list-style-type: none"> Facility personnel who are involved in taking care of you at our Facility will have access to PHI. Different departments of a Facility also may share PHI about you in order to coordinate your care. We may also disclose PHI about you to people outside the Facility who may be involved in your care after you leave a Facility. This may include family members, or visiting nurses to provide care in your home. To present possible treatment options or alternatives that may be of interest to you
For Payment	<ul style="list-style-type: none"> We may use and disclose PHI about you so that the treatment and services you receive at a Facility may be billed to you, an insurance company or a third party. We may disclose treatment received with your insurance company to receive payment. We may also disclose future treatment plans with your insurance company to obtain prior approval or to determine whether your plan will cover the treatment.
For Health Care Operations	<ul style="list-style-type: none"> To ensure that all patients receive consistent quality standard of care To develop and evaluate clinical protocols. We may assess multiple patient records to help determine what additional services we should offer, what services should be discontinued, and whether certain new treatments are effective. For business development and planning, cost management analyses, insurance claims management, risk management activities, professional review, performance evaluation, and for training programs, and in developing and testing information systems and programs. For accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. General activities of the Facility including resolution of internal grievances and customer service. In limited circumstances, de-identified information may be disclosed to another entity subject to HIPAA for its own health care operations so that information may be used to study health care and health care delivery.
To Report Public Health Risks	<ul style="list-style-type: none"> Prevention or control of disease, injury or disability. Reporting births and deaths. Reporting child abuse or neglect. Reporting reactions to medications or problems with products Notifying people of recalls of products. Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
Health Oversight Activities	<ul style="list-style-type: none"> Oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
Judicial and Administrative Proceedings	<ul style="list-style-type: none"> In response to a court or administrative order. In response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
Reporting Abuse, Neglect or Domestic Violence	<ul style="list-style-type: none"> Notifying the appropriate government agency if we believe a resident has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
Law Enforcement	<ul style="list-style-type: none"> In response to a court order, subpoena, warrant, summons or similar process;

	<ul style="list-style-type: none"> • To identify or locate a suspect, fugitive, material witness, or missing person; • About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement; • About a death we believe may be the result of criminal conduct; • About criminal conduct at the Facility; and • In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
Coroners, Medical Examiners and Funeral Directors	<ul style="list-style-type: none"> • This may be necessary to identify a deceased person or determine the cause of death. • May be disclosed as necessary to carry out their duties.
National Security and Intelligence Activities	<ul style="list-style-type: none"> • PHI may be disclosed to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
Correctional Institution	<ul style="list-style-type: none"> • Should you be an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of others.
Health-Related Services and Reminders	<ul style="list-style-type: none"> • To provide appointment reminders or information about treatment • To request necessary information required for your treatment or billing
To Avert a Serious Threat to Health or Safety	<ul style="list-style-type: none"> • PHI may be disclosed to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. • To prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
As Required By Law	<ul style="list-style-type: none"> • When required to do so by federal, state or local law.
Research	<ul style="list-style-type: none"> • PHI may be used for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy of their PHI. • PHI may be disclosed to appropriate personnel preparing to conduct a research project, so long as the PHI they review does not leave a Facility. A confidentiality statement will be collected.
Workers' Compensation	<ul style="list-style-type: none"> • PHI may be disclosed to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

BUSINESS ASSOCIATES

There may be some services provided in our Facility through contracts with business associates. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and/or bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information. A Business Associate Agreement is required of every business associate that the Facility contracts with and is signed off by the HIPAA Compliance Officer.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Facility and on the website. The notice will be available for review upon patient request. The Notice will specify the effective date on the first page, in the top center of the page. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Facility administrator.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it upon your request. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can share your information, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CONTACT US

If you wish to contact us regarding the terms in this Notice, please contact our HIPAA Compliance Officer at:

Phone #: (509) 922-2273

Fax: (509) 344-1113

Email: info@libertysurgerycenter.com