

## Acknowledgment of Receipt of Notice of Privacy Practices

**Purpose:** This form is used to obtain acknowledgment of Receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgment.

### **\*\*You May Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

## Authorization to Release Information

**Purpose:** This form is used to obtain authorization to release information regarding yourself covered under the Privacy Act to people other than yourself.

I, \_\_\_\_\_, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

\_\_\_\_\_  
{Please Print}

\_\_\_\_\_  
{Relationship}

\_\_\_\_\_  
{Please Print}

\_\_\_\_\_  
{Relationship}

\_\_\_\_\_  
{Please Print}

\_\_\_\_\_  
{Relationship}

### **For Office Use Only**

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HARRY R. MACK, JR., D.D.S., M.D.**  
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**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!**

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for the purpose of treatment, payment, and healthcare options. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms for future care or treatment. It also includes billing documents for those services.

Example of use of your Health Information for Treatment Purposes:

A nurse obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

Example of use of your Health information for Payment Purposes:

We submit a request for payment to your health insurance company. The health insurance company requests the information from us regarding medical care given. We will provide information to them about you and the care given.

Example of use of your Health Information for Healthcare Operations:

We obtain services from our insurers and other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

**YOUR HEALTH INFORMATION RIGHTS**

The health record we maintain and billing records are the physical property of the practice. The information in it however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request granted.
- Request that you be allowed to inspect and copy your health record and billing record you may exercise this right by delivering the request in writing to our office.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your healthcare record be amended to correct incomplete or incorrect information by delivering a written request to our office.
- File a statement of disagreement if your amendment is declined, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- Obtain an accounting of disclosure of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of the information for treatment, payment, or operation, or disclosures made to family members or friends in the course of providing care.
- Request that communication of your health information be made by alternate means or at an alternate location by delivering the request in writing to our office; and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Dr. Harry Mack or Dr. Ryan Thomas in person or in writing, during normal business hours. He will provide you with assistance on the steps to take to exercise your rights.

**OUR RESPONSIBILITIES**

The practice is required to:

- Maintain the privacy of our health information as required by law.
- Provide you with a notice of our duties and privacy practice as to the information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you. We reserve the right to amend, change, or eliminate provisions. In our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice. You are entitled to receive a copy of the revised copy of the Notice by calling and requesting a copy of our notice or by visiting our office and picking up a copy.

**TO REQUEST INFORMATION OR FILE A COMPLAINT**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Dr. Harry Mack or Dr. Ryan Thomas at our office.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint to our office by delivering the written complaint to Dr. Harry Mack or Dr. Ryan Thomas. You may also file a complaint by contacting the Secretary of Health and Human Services at: Department of Health and Human Services, 61 Forsyth Street SW, Atlanta, GA 30303, (404) 562-7889.

- We cannot and will not require you to waive your right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- We cannot and will not retaliate against you for filing a complaint with the Secretary.

#### **OTHER DISCLOSURES AND USES**

Notification: Unless you object we may use or disclose your protected health information to notify a family member, personal representative, or other person responsible for your care, about your location, and about your general condition or your death. We permit disclosures of a decedent's PHI to family members and others who were involved in the patient's care before death, unless such is inconsistent with the patient's wishes. The following uses and disclosures require an authorization: (a) Many uses of psychotherapy notes; (b) Uses and disclosures of protected health information (PHI) for marketing; (c) Sale of PHI.

#### **APPOINTMENT REMINDERS**

We may use or disclose your health information to provide you with appointment reminders (such as voicemails, postcards, letters, e-mails, texts, or other similar mobile device communications).

#### **MARKETING HEALTH RELATED COMMUNICATIONS**

We will not use your health information for marketing communications without your written authorization.

#### **COMMUNICATION with FAMILY**

Using our best judgment, we may disclose to a family member or other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

#### **FOOD AND DRUG ADMINISTRATION (FDA)**

We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects or post-marketing surveillance information to enable product recalls, repairs, or replacements.

#### **WORKERS COMPENSATION**

If you seek compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

#### **PUBLIC HEALTH**

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

#### **IMMUNIZATIONS**

We permit disclosure of immunization to schools if required by law.

#### **ABUSE and NEGLECT**

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

#### **CORRECTIONAL INSTITUTIONS**

If you are an inmate of a correction institution, we may disclose to the institute or its agents your protected health information necessary for your health and the health and safety of other individuals.

#### **LAW ENFORCEMENT**

We may disclose your personal health information for the law enforcement as required by law, such as when required by court order or in cases involving felony prosecutions or the extent an individual is in the custody of law enforcements.

#### **HEALTH OVERSIGHT**

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities your consent or as directed by the proper court order.

#### **JUDICIAL/ADMINISTRATIVE PROCEEDINGS**

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by the proper court order.

#### **NOTIFICATION OF BREACH OF UNSECURED HEALTH INFORMATION**

Our policy is to encrypt our electronic files containing your health information so as to protect the information from those who should not have access to it. If, however, for some reason we experience a breach of your unencrypted health information, we will notify you of the breach.

#### **DISCLOSURE ACCOUNTING**

You have the right to receive a list of instances in which we or our business associates disclosed your health information over the last 6 years or such shorter time as you may specify. That accounting would not include disclosures made for the purpose of treatment, payment, or healthcare operations, unless we maintain your health record electronically, in which case, after January 1, 2011, we may need to provide you with an accounting of treatment, payment, or healthcare operations disclosures for no more than 3 prior years, but not including any treatment, payment, or healthcare operations disclosures prior to January 1, 2011. 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.

#### **ELECTRONIC NOTICE**

If you receive this Notice on our website or by electronic mail (e-mail), you have the right to request a paper copy of this Notice. You may make such a request in writing to the address provided at the beginning of this notice.

#### **OTHER USES**

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

#### **WEBSITE**

If we maintain a website that provides information about your entity, this notice will be on the website. Effective Date: April 1, 2003.