



## College of Dentistry and Dental Faculty Practice **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.**

If you have any questions about this Notice of Privacy Practices (“Notice”), please contact the College of Dentistry and Dental Faculty Practice Privacy Office at 614-292-1810.

### **Our Pledge Regarding Protected Health Information**

We understand that your health information is personal. We are committed to keeping your PHI safe.

#### **This Notice will tell you about:**

- the ways we may use and disclose your PHI;
- your privacy rights; and
- our duties regarding PHI.

#### **We are required by law to:**

- make sure that your PHI is kept private;
- give you this Notice of our legal duties and privacy practices;
- notify you of a breach of unsecured PHI; and
- follow the terms of the Notice that is currently in effect.

### **Your Privacy Rights with Respect to PHI**

The following is a list of your rights and how you may exercise these rights.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. We are required to honor your request to restrict disclosures of PHI to a health plan where you have paid out of pocket in full for the health care item or service you have received. ***Otherwise, although we will consider your request, we are not required to agree to or abide by your request.*** You must make your request for any restrictions or limitations in writing to the the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12<sup>th</sup> Avenue Columbus, Ohio 43210. In your request, you must tell us:
  - \* what PHI 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).
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a confidential manner. You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. You must make your request for confidential communications in writing to the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12<sup>th</sup> Avenue Columbus, Ohio 43210. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted. For example, if you wish to be contacted by telephone, then be sure to provide an appropriate telephone number.

- **Right to Review and Copy.** You have the right to review and obtain a copy of PHI that may be used to make decisions about your care. You must submit your request for your PHI in writing to College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12<sup>th</sup> Avenue Columbus, Ohio 43210. If you request a copy of the PHI, then we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

Under very limited situations, you may not be allowed to review or obtain a copy of parts of your health information. For example, our health care provider may decide for clear treatment reasons that sharing your PHI with you will likely have an adverse effect on you. If your request is denied, you will be notified of this decision in writing and you may appeal this decision in writing to the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12<sup>th</sup> Avenue Columbus, Ohio 43210.

- **Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, then you may ask us to change the PHI. You have the right to request a change for as long as the PHI is maintained by us. Submit your request to the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12<sup>th</sup> Avenue Columbus, Ohio 43210. Your request must be made in writing and include a reason that supports your request. We may deny your request if you ask us to change PHI that:

- \* was not created by us;
- \* is not part of our records;
- \* is not part of the PHI which you would be permitted to see and get a copy of; or
- \* we believe is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of PHI. This is a list of certain disclosures of PHI we made in special situations listed above. These disclosures are not related to treatment, payment, or healthcare operations. When we make these disclosures, we are not required to obtain your authorization before we disclose your PHI to others. You must submit your request for an accounting of disclosures in writing to the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12<sup>th</sup> Avenue Columbus, Ohio 43210. Your request must tell us the calendar dates you want to see (the time period may include up to six years of information prior to the date of the request). Charges: There will be no charge for the first list you request within a 12-month period. We may charge you for the costs of providing any additional lists. We will tell you about any cost involved. You may choose to withdraw or modify your request before any costs are incurred.

- **Right to a Paper Copy of This Notice.** You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a paper copy, please contact the College of Dentistry and Dental Faculty Practice Privacy Office, Clinic Administration 1130 Postle Hall 305 West 12<sup>th</sup> Avenue Columbus, Ohio 43210.

## The Ways We May Use and Disclose Your PHI

Federal law allows us to use or disclose your PHI **without your permission** for the following purposes:

- **For Treatment.** For example, treatment may include:
  - \* Disclosing your PHI to doctors, nurses, technicians, student trainees, and other people who help with your care.
    - \* Coordinating services you need, such as prescriptions, lab work, and X-rays.
    - \* Contacting you for appointment reminders.
    - \* Contacting you about health related benefits and services.
  - \* Disclosing to a dentist, dental hygienists, dental or dental hygiene students, or other outside of the College of Dentistry for your treatment. For example, a dentist treating you may need to contact your medical doctor regarding your recent heart condition. Or a health care provider may need to know about any drug allergies that you have in order to provide you with appropriate medication.

- \* Updating your health care providers about care you received.
- **For Payment.** For example, payment may include:
  - \* Determining eligibility for health care services and pre-certifying benefits.
  - \* Coordinating benefits with insurance payers.
  - \* Billing and collecting for
  - \* care services provided.
  - \* Facilitating payment to another provider who has participated in your care.

- **For Healthcare Operations.** For example, health care operations may include:
  - \* Improving quality of care.
  - \* Accrediting, certifying, licensing or credentialing health care providers.
  - \* Reviewing competence or qualifications of health care professionals.
  - \* Developing, maintaining and supporting computer systems.
  - \* Managing, budgeting and planning activities and reports.
- \* Improving health care processes, reducing health care costs and assessing organizational performance for us and other health care providers and health plans that care for you.

For OSU employees and family members covered by the OSU Health Plan, we may share limited information for treatment, payment or health care operations as described in this Notice with the OSU Health Plan unless you request a restriction as set forth in this Notice.

**Additional uses and disclosures for which authorization or opportunity to agree or object is not required by HIPAA.**

- **Research.** Research is one of the missions of The Ohio State University College of Dentistry and Dental Faculty Practice. All research projects are subject to a special approval process before we use or disclose PHI. We may contact you about research studies you may qualify for so that you can decide if you want to participate. If you qualify to participate in a research study, then you will be asked to sign a separate consent form to participate in the project that includes an authorization for use and possible disclosure of your information outside of the College.

There are other times when we may use your health information for research without authorization, such as, when a researcher is preparing a plan for a research project. For example, a researcher needs to examine patient medical records to identify patients with specific medical needs. The researcher must agree to use this information only to prepare a plan for a research study and may not use the information to contact you or conduct the study. These activities are considered to be preparatory to research. A researcher may review your records without your authorization after obtaining appropriate approvals from a specialized internal review board or privacy board.

- **As Required by Law.** We will disclose PHI about you when required to do so by federal, state, or local law.
  - **Public Health Risks.** As required by law, we may disclose your PHI with public health authorities to:
    - \* prevent or control disease, injury, or disability;
    - \* report communicable diseases or infection exposure such as HIV, tuberculosis, and hepatitis;
    - \* report medical device safety issues and adverse events to the Federal Food and Drug Administration; and
    - \* Report vital events such as births and deaths.
- **Victims of Abuse, Neglect, or Domestic Violence.** We may disclose your PHI with government agencies authorized by law to receive reports of suspected child or elder abuse, neglect, or domestic violence if we believe that you have been a victim.
- **Health Oversight Activities.** We may disclose your PHI with a health oversight agency for activities permitted by law. For example, these activities may include audits, investigations, inspections, or

licensure. Health care oversight agencies include government agencies that oversee the health care system, government benefit programs, and agencies that enforce civil rights laws.

- **Judicial and Administrative Proceedings.** We may disclose your PHI in the course of an administrative or judicial proceedings, such as in response to a court order or subpoena as permitted by federal and state law.
- **Law Enforcement.** We may disclose your PHI to a law enforcement official if required or permitted by law for reasons such as reporting crimes occurring at The Ohio State University College of Dentistry or Dental Faculty Practice or providing routine reporting to law enforcement agencies, such as for gunshot wounds.
- **Deceased Persons's PHI.** We may disclose PHI to a funeral director as necessary so that they may carry out their duties. We may also disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.
- **Organ and Tissue Donation.** We may disclose your PHI to organizations that handle organ, tissue, and eye procurement to facilitate organ, tissue and eye donation and transplantation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, the public's health and safety, or another person's health and safety.
- **Specialized Government Functions.** We may disclose your PHI to authorized federal officials for national security and intelligence, military, or veterans' activities required by law.
- **Workers' Compensation.** We may disclose your PHI to Workers' Compensation, as required by workers' compensation laws or other similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Disaster Relief Efforts.** We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entity in the notification of your family member, personal representative or another person responsible for your care.

#### **Other Uses and Disclosures Made Only with your Written Permission**

All other uses and disclosures not described in the Notice will be made only with your written authorization. For example, we would not release your PHI to your supervisor for employment purposes without your permission as described in this Notice. You may revoke your permission, in writing, at any time. If you revoke your permission, then we will no longer use or disclose PHI about you for the reasons covered by your written permission, except to the extent that we have already used or disclosed your PHI. Most uses and disclosures of psychotherapy notes, uses and disclosure of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your authorization. Other uses and disclosures not described in the Notice will be made only with your authorization.

#### **When We Offer You the Opportunity to Decline Use or Disclosure of Your Health Information**

**Facility Directory.** If you are admitted to the hospital, then we may include your name, location in the hospital, and religious affiliation in the hospital's directory (information desk). We have a facility directory so that clergy, friends, and family may visit you. The directory information, except for your religious affiliation, is only released to people who ask for you by name. However, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if he or she doesn't ask for you by name. You have the right to refuse to have this information included in the facility directory. To opt out of the facility directory, contact any registrar or the Admitting Office.

**Fundraising Activities.** We may use your PHI to contact you to raise money for the College of Dentistry. We may use or disclose PHI to a business associate or a related foundation for the purposes of raising funds for our own benefit. You have the right to opt-out of receiving these communications. If you do not want to be contacted for fundraising efforts, then you must notify, in writing, the Senior Director, Development, 305 West 12<sup>th</sup> Avenue Columbus OH 43210 or email [dentistrydevelopment@osu.edu](mailto:dentistrydevelopment@osu.edu).

**Individuals Involved in Your Care or Payment for Your Care.** We may communicate with your family, friends or others involved in your care or payment for your care. For example, an emergency room doctor may discuss a patient's treatment in front of your friend if you ask that your friend come into the room.

## **Our Duties**

**Notice Changes:** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you and any PHI we receive in the future. Current copies of this Notice will be available at registration locations. The current Notice will also be posted at our web site. The effective date of the Notice will be posted on the first page.

**Email:** We ask you not to use your personal email in contacting our Dental Providers. Emails sent to and from your personal email address are not secure and could be read by a third party.

## **Complaints**

If you believe your privacy rights have been violated, then you have the right to submit a complaint to us. Any complaints shall be made in writing or by telephone to the College of Dentistry and Dental Faculty Practice Privacy Office:

Clinic Administration  
1130 Postle Hall  
305 West 12<sup>th</sup> Avenue  
Columbus, Ohio 43210.  
614-292-1810

We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against or penalized in any way for filing a complaint.

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 20201 or call toll free (877) 696-6775, by e-mail to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), or to Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601, Voice Phone (312) 886-2359, FAX (312) 886-1807, or TDD (312) 353-5693.

If you would like further information about this Notice of Privacy Practices, then please contact The Ohio State University College of Dentistry Privacy Office at (614) 292-1810.
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