

DR. CLARK JOHNSON
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information.

We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect (09/23/2013), and will remain in effect until the law changes.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available 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 listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations.

TREATMENT: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide to you.

HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

YOUR AUTHORIZATION: In addition to our use of health information for treatment, payment, or healthcare operation, you may give us written authorization, you may revoke it in

writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

TO YOUR FAMILY AND FRIENDS: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or another person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

PERSONS INVOLVED IN CARE: We may disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of health information, we will provide you with an opportunity to object to such uses.

MARKETING HEALTH RELATED SERVICES: We will not use your health information for marketing communications, without your written authorization.

SALE OF HEALTH INFORMATION: We will not sale any health related information.

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

ABUSE OR NEGLECT: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

NATIONAL SECURITY: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody or protected health information of inmate or patient under certain circumstances.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (such as voicemails messages, postcards, letters, emails, and texts).

OTHER USES AND DISCLOSURES: Other uses of your health information will not be made without written authorization.

PATIENT RIGHTS:

ACCESS: You have the right to look at or get copies of your health information, with limited expectations. You may request that we provide copies in a format other than photocopies. We

will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information) 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 letter to the address at the end of this Notice. If you request copies, we may charge for staff time to locate and copy you health information, postage if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your health information.

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except as long as it is compliant with the law and in extraneous circumstances).

ALTERNATIVE COMMUNICATIONS: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (you must make your request in writing) Your request must specify the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

AMENDMENT: You must have the right to request that we amend your health information. (Your request must be made in writing, and it must explain why the information should be amended) We may deny your request under certain circumstances.

ELECTRONIC NOTICE: If you receive this Notice on our Website or by electronic mail (e-mail), you are entitled to receive this Notice in written format.

CERTAIN DISCLOSURES: You have the right to withhold health information to a health plan provider when paying by cash. Your request must to do so, must be made in writing. It can be changed at anytime.

BREACH DISCLOSURE: In the event of that our office experiences a breach concerning your health information, you will be notified in writing of such an occurrence. A breach is defined as an authorized disclosure access or a disclosure of health information not permitted under the privacy law.

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 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 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 support you right to the privacy of your health information. We will not retaliate in any way if you choose to file a complain with us or with the U.S. Department of Health and Human Services.

Clark Johnson, D.D.S.