



WUITENG KOH
DDS MS

KOH ORTHODONTICS

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

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 took effect January 19, 2013 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted or required by applicable law. Any new Notice of Privacy Practices will effectively replace the terms of Notice you signed without requiring your new signature, except for the fee charges as described in the most recent Notice you signed. You may request a copy of our Notice at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

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

Treatment: To your dentist, dental specialist, physician, other healthcare providers and facilities pertinent to your treatment (e.g. orthodontic labs, imaging centers).

Payment: To obtain payment for services we provide to you.

Healthcare Operations: These include our management, charting, accounting and imaging systems that are necessary for our daily operations. Healthcare operations also include, but are not limited to: upgrades/repairs of systems, training, evaluation of staff and provider performance, accreditation and licensing activities.

Other Disclosures: Unless you otherwise designate (in writing), we will disclose your health information to the following:

Patients under 18: All Parents/Guardians, Responsible Financial Parties and Emergency Contact listed on the Patient Form we have on file and any person who brings this patient to an actual appointment.

Patients 18 and over: Spouse/Designated Significant Other (if applicable), Responsible Financial Parties and Emergency Contact listed on the Patient Form we have on file and any person who brings this patient to an actual appointment.

Required by Law: We may be required to disclose your health information by law. This includes if we reasonably believe you are a possible victim of abuse, neglect, domestic violence or other crimes. Other instances may include cases of National Security or when assisting law enforcement activities and correctional institutions.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, e-mails, text messages or mail). We may also remind you of your need to pre-medicate if applicable.

Atmosphere: We make every attempt to keep your information confidential, but we are not obligated to provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.

Marketing: We will not sell or provide your health information to outside marketing sources. We may contact you about internal office events by sources such as telephone, e-mail or mail. We may, only with your permission, request the use of your images in our office resources such as our office website or Facebook page.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain a duplication of your records. We will provide digital copies of your available digital x-rays and photos at no charge. All other additional hardcopy format and other digital services, such as scanning, will incur a \$50 charge per request.

Restrictions: You have the right to request, in writing, that we restrict or deny your health information to be provided to any specific person or entity, as long as this does not violate the law and it does not constitute an emergency situation.

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 you believe your rights have been violated by us, we urge you to contact us immediately. You may also notify the U.S. Department of Health and Human Services.

By my signature, I acknowledge I have received and reviewed this Notice of Privacy Practices.

Patient's Name:

Signature of Patient or Parent/Guardian if Patient is a minor

Date: