

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.

Uses and Disclosures

Treatment

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, the results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment to you or who may be consulted by our staff members.

Payment

Your health information may be used to seek payment from your insurance company, from other sources of coverage such as an automobile insurer, or from check and credit card companies that you may use to pay for services. For example, your insurance company may request and receive information on the dates and type of services provided as well as the medical condition being treated.

Health Care Operations

Your health information may be used as necessary to support the day-to-day activities and management of the Oral Surgery Center (all locations). For example, information on the services you received may be used to support budgeting and financial reporting, and to evaluate and promote quality.

Law Enforcement

Your health information may be disclosed to facilitate law enforcement agency investigations, and to comply with government mandated reporting, audits and inspections.

Public Health Reporting

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other Uses and Disclosures Require Your Authorization

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information, you may submit a written revocation. However, your decision to revoke the authorization will not undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information

Appointment reminders

Your health information will be used by our staff to send you appointment reminders.

Information About Your Treatment

Your health information may be used to send you information regarding the treatment and management of your medical condition. We may also send you information describing other health-related goods and services that may be of interest to you.

Individual Rights

You have certain rights under the Federal Privacy Standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive a record of how your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

SURGERY CENTER Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. Changes that do occur in our policies and practices may be the result of changes in federal or state laws and regulations. If changes are made, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Request to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy your protected health information be submitted in writing. You may

contact Yasser Sedhom to request access to your records.

Website

If we have a web page that informs about our entity, you will find this Notice on the website.

Abuse and Negligence

We may disclose your protected or confidential medical information to public authorities, as permitted by law, to report abuse or negligence.

Communication with Family

Using our best judgment, we may disclose to a member of your family, close friend, or any other person you identify, medical information relevant to the person's involvement in your care or for the payment for such care, if you have no objection or in case of an emergency.

Food and Drug Administration (FDA)

We may disclose to this agency confidential medical information related to adverse effects with respect to products or defective products, or as a control after the purchase of a product, to facilitate the repair, replacement or recall of certain products if they are defective.

Complaints

If you would like to submit a comment or complaint about our privacy practices, or believe that your privacy rights have been violated, you may do so by sending a letter outlining your concerns to:

ORAL SURGERY CENTERS
Attn: Yasser Sedhom (Privacy Official)
11246 E. Mississippi Ave
Aurora, CO 80012

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is Yasser Sedhom at

ORAL SURGERY CENTER
11246 E. Mississippi Ave.
Aurora, Colorado 80012

Effective Date

This notice is effective as of January 01, 2003

Notice of Privacy Policy

Oral Surgery Center Aurora

11246 E. Mississippi Ave
Aurora, Colorado 80012

Oral Surgery Center Lakewood

7373 W. Jefferson Ave
Suite 102
Lakewood, CO 80235

Oral Surgery Center Thornton

2200 East 104th Ave.
Suite 116
Thornton, CO 80233