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.

We, at Paul Y. Kwon, DDS, PLLC, are required by law to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify you if there is a breach of unsecured protected health information. We have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, to be kept confidential. HIPAA gives you significant new rights to understand and control how your health information is used and provides penalties for misuse of your personal health information.

This notice is effective as of February _5__, 2020, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. For example, we may need to share information with other health care providers or specialists involved in the continuation of your care.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may disclose treatment information when billing a dental plan for your dental services.
- **Health Care Operations** include the business aspects of running our practice. For example, patient information may be used for training purposes, or quality assessment.

Unless you request otherwise, we will not use or disclose health information to a family member, friend, personal representative, or other individual except in the event of an emergency or your incapacity, in which case we will use our professional judgment in disclosing only the protected health information necessary to facilitate needed care. In addition, we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. In addition, we may disclose your health information in response to judicial or administrative proceedings, in response to a subpoena or court order, to correctional institutions or law enforcement officials, and/or to report suspected abuse, neglect, or domestic violence. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your protected health information, which you may exercise by presenting a written request to our office at the practice address listed below. Your rights include:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members and any other person identified by you. We are not required to agree to a requested restriction, however we must abide by any agreed-upon restriction unless you agree in writing to remove it.
- The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to access, inspect, and copy your protected health information, with limited exceptions. We may charge you a reasonable fee for our cost-based fees for any such copies.
- The right to request an amendment to your protected health information. We may deny your request in certain situations.
- The right to receive an accounting of disclosures of protected health information made in the past six years, except as otherwise provided by law.
- The right to obtain a paper copy of this notice from us upon request.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices or to file a written complaint, please contact:

Paul Y. Kwon, DDS, PLLC
746 "F" Street SW
Quincy, WA 98848
(509) 787-1507