

YOUR HIPAA PRIVACY RIGHTS

ACCESS TO YOUR PERSONAL HEALTH AND DENTAL INFORMATION

You have the right to obtain a copy and inspect specific items of your personal health and dental information for as long as we maintain it. We may deny your request to access certain personal health information as permitted or required by law. We may require your request for access be in writing. Your request for access should come with as much detail as possible regarding the personal health and dental information you wish to review. We may charge a reasonable fee for access to your personal health information.

AMENDMENT TO YOUR PERSONAL HEALTH INFORMATION

You have the right to request an amendment of the personal health information we maintain about you if you believe that it is incorrect. We are not legally obligated to make all requested amendments but will give each request appropriate consideration. Request for amendment must be in writing and must state the reason for the amendment request.

ACCOUNTING FOR DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

You have the right to request a list or accounting of certain disclosures of your personal health information. We are not legally obligated to provide an accounting of every disclosure but will give each request appropriate consideration. Requests must be made in writing. The accounting will not include disclosures made prior to April 14, 2003.

RESTRICTIONS ON USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

You have the right to request restrictions on certain uses and disclosures of your personal health information for treatment, payment or health care operations by notifying us of your request for a restriction in writing. We are not legally required to agree to your restriction request.

CONFIDENTIAL COMMUNICATION OF PERSONAL HEALTH INFORMATION

You have the right to request to receive communications from us regarding your personal health information by another method of contact or at an alternative address. We will accommodate reasonable requests, which must clearly state that disclosure of all, or part of the information could endanger your health or safety.

NOTICE OF HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) PRIVACY PRACTICES

**FOR
EDWINA V. JOHNSON,
D.D.S., P.C.**

405-557-1245

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

EFFECTIVE DATE

This Notice of Privacy Practices is effective April 14, 2003.

We are required by law to maintain the privacy of personal health information and to provide you with notice of our legal duties and privacy practices with respect to personal health and dental information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change our privacy practices, procedures and terms of this HIPAA Notice of Privacy Practices as necessary, and to make the new Notice effective for all personal health information maintained by us.

USES AND DISCLOSURES OF YOUR PERSONAL INFORMATION

YOUR AUTHORIZATION

Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

USES AND DISCLOSURES FOR PAYMENT

We may use and disclose your personal health information as necessary for payment purposes. For instance, we may use and disclose information regarding your medical and dental care to process and pay claims.

FAMILY, FRIENDS AND OTHERS INVOLVED IN YOUR CARE

With your approval, we may disclose your personal health information to designated family, friends and others to assist that person in caring for you or in paying for your care. If you are unavailable, incapacitated or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest; we may share limited personal health and dental information with such individuals without your approval.

BUSINESS ASSOCIATES

At times it may be necessary for us to provide some personal health information to one or more persons or organizations that assist us with our business activities. We require these business associates to appropriately safeguard the privacy of your information.

ADDITIONAL USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

We are permitted or required by law to make certain other uses and disclosures of your personal health information without your authorization, including under the following conditions:

- For any purpose as required by law:
- For public health activities, such as required reporting of certain diseases:
- As required by law if we suspect child abuse or neglect: we may also release

your personal health information as required by law if we believe you to be a victim of abuse, neglect or domestic violence:

- If required by law to a government oversight agency conducting audits, investigations or civil or criminal proceedings:
- If required to do so by a court or administrative ordered subpoena, discovery request or qualified protective order;
- To law enforcement officials as required by law: to coroners and/or funeral directors consistent with law;
- If necessary to arrange and organ or tissue donation from you or a transplant for you:
- For certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy:
- If you are a member of the military - as required by armed force services; we may also release your personal health and dental information if necessary for national security or intelligence activities:
- If necessary, to avert a serious threat to health or safety: or,
- To workers' compensation agencies if necessary for your workers' compensation benefit determination.