5625 NE Elam Young Pkwy, Ste #300, Hillsboro, OR 97124 | (503) 924-2248

NOTICE OF PRIVACY PRACTICES

Your privacy is important to us. 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 respect our patients' privacy and strive to protect the confidentiality of your medical information. Federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and we are required by law to maintain the privacy of that protected health information (PHI). This practice is required to abide by the terms of the Notice of Privacy Practices and to provide notice of its legal duties and privacy practices with respect to PHI.

Who Will Follow This Notice

Any health care professional authorized to enter information into your medical record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g., a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes, or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure is listed.

For Treatment

We will use and disclose your PHI to provide, coordinate, or manage your care and any related services. We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

For Payment

We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company, or a third party.

For Health Care Operations

We may use or disclose, as needed, your PHI to support our business activities, such as quality performance reviews regarding our services or staff, to ensure that you receive quality care.

Other Uses or Disclosures That Can Be Made Without Consent or Authorization

We may use or disclose your PHI as required by law, including for the following purposes:

- Public health activities, such as controlling a communicable disease, or compliance with health oversight agencies authorized by law.
- Reports to a public health authority authorized to receive reports of child abuse or neglect.
- Disclosures to a governmental agency if we believe you have been a victim of abuse, neglect, or domestic violence, in compliance with state and federal law.
- Disclosures to the FDA regarding the quality, safety, or effectiveness of FDA-regulated products or activities.

- Disclosures made during a legal proceeding, in response to a subpoena, discovery request, or other lawful process.
- Disclosures to law enforcement provided applicable legal requirements are satisfied.
- Disclosures to a coroner or medical examiner for identification purposes.
- Disclosures to researchers when the information does not directly identify you as the source, and the research has been approved by an institutional review board to protect the privacy of the PHI.
- Disclosures required to comply with workers' compensation laws.
- Uses and disclosures necessary for your care if you are an inmate of a correctional facility.

Other Permitted and Required Uses and Disclosures That Require Your Permission or Objection

Appointment Reminders

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Students

We may share PHI with professional students working in our practice to fulfill their educational requirements. If you do not wish a student to observe or participate in your care, please notify your provider.

Individuals Involved in Your Care or Payment for Your Care

We may disclose your PHI to your family, friends, or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Uses and Disclosures of PHI Requiring Your Written Authorization

Other uses and disclosures of medical information not covered by this Notice or the law that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your authorization.

Your Individual Rights Regarding Your Medical Information

Right to Request Confidential Communications

You have the right to request how we should send communications to you about medical matters, and where you would like those communications sent. To request confidential communications, you must make your request to the Privacy Officer at this practice.

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer. We reserve the right to charge a reasonable fee for the costs of providing your request. We may deny your request to inspect and copy in certain very limited circumstances.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing with a reason for the amendment and submitted to the Privacy Officer at this practice. In addition, we may deny your request if the information was not created by us, is not part of the medical information kept at this practice, is not part of the information which you would be permitted to inspect and copy, or which we deem to be accurate and complete.

Right to an Accounting of Disclosures

You have the right to request a list of the disclosures we made of medical information about you. To request this list, you must submit your request to the Privacy Officer at this practice. Your request must state the time period and format for which you want to receive a list of disclosures, that is no longer than 6 years. The first list you request within a 12-month period will be free. For additional lists, we reserve the right to charge you for the cost of providing the list.

Right to Notification of a Breach

You will receive notifications of breaches of your PHI as required by law.

Right to a Paper Copy of This Notice

You have the right to request a paper copy of this Notice at any time, even if you have agreed to receive this notice electronically. To obtain a paper copy of the current Notice, please request one in writing from the Privacy Officer at this practice.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health Services. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

Our Privacy Officer is Angie Sobalvarro. You may contact our Privacy Officer in writing at our office address or by calling

This notice was published and becomes effective on September 12, 2023.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby certify, as indicated by my signature below, that I have reviewed and received a copy of the Notice of Privacy Practices for Vibe Orthodontics, and authorize Dr. Brandon Zegarowski, DDS, MS, LLC to use and disclose my personal health information to carry out treatment, payment activities, and health care operations.

Printed Name of Patient/Guardian	Signature of Patient/Guardian	Date

FOR OFFICE USE ONLY

We made a good-faith effort to obtain written proof of Informed Consent of Notice of Privacy Practices, but despite these efforts, our office has been unable to obtain a signed Acknowledgement for the following reasons (check all that apply):

☐ Individual refused to sign

☐ Communications barriers prohibited obtaining the Acknowledgement

☐ An Emergency Situation prohibited obtaining the Acknowledgement

☐ Other (please specify): _____