



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 respect our legal obligation to keep health information that identifies your privacy. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or health care operations.

1. Examples of how we use or disclose information for treatment purposes are
 - Setting up an appointment for you;
 - Physical examination, medical consultations, rendering of anesthesia services;
 - Referring you to another doctor or clinic for other health care services
 - Getting copies of your health information from another professional that you may have seen before us.
2. Examples of how we use or disclose your health information for payment purposes are:
 - Asking you about your health or dental care plans, or other sources of payment
 - Preparing and sending bills or claims
 - Collection unpaid amounts (either ourselves or through a collection agency or attorney)
3. Health Care Operations mean those administrative and managerial functions that we had to do in order to run our office. Examples of how we disclose your health information for health care operations are:
 - Financial or billing audits
 - Internal quality assurance
 - Personnel decisions
 - Participation in managed care plans
 - Defense of legal matters
 - Business planning and outside storage of our records

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we will ask you for special written permission.

NOTICE OF PRIVACY PRACTICES (Cont'd.)

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our offices at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for specific purposes;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices;
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- Use and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicaid; or for investigation of possible violations of health care laws;
- Disclosure for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime to provide information about a crime at our office; or to report a crime that happened somewhere else;
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial, or to organizations that handle organ or tissue donations;
- Uses or disclosures for health-related research;
- Uses or disclosures to prevent a serious threat to health and safety;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes, or for the evaluation and health of members of the foreign service;
- Disclosures of de-identified information;
- Disclosures relating to worker's compensation programs;
- Disclosures of a "limited data set" for research, public health or health care operations;
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your information.

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your dental anesthesia care.

APPOINTMENT REMINDERS

We may call, email or text to remind you of scheduled appointment. We may also call, email or text to notify you of other treatments or services available at our offices that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a postcard and/or email you and/or leave you a reminder voicemail on the phone number provided or with someone who answers your phone.

NOTICE OF PRIVACY PRACTICES (Cont'd.)

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "Authorization Form." The content of an "Authorization Form" is determined by Federal law. Sometimes we may initiate the authorization process if the use or disclosure is our idea. Sometimes you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization form, we cannot make use of the disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Please mail it to the respective office address, either Colorado or Michigan location.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction(s), send a written request to the respective office mailing address, fax or email.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address or by using email to your personal email address. We will accommodate these requests if they are reasonable and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the respective office mailing address, fax or email.
- Ask to see or get photocopies of your health information. By Law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within thirty (30) days of asking us (or sixty (60) days if the information is stored off-site). You may have to pay for the photocopies in advance. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally available. By Law, we can have one thirty (30) days extension of the time for us to give you access or photocopies, if we send you a written notice of the extension. If you want to review or get the photocopies of your health information, please send a written request to the respective office address, fax or email.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within sixty (60) days from when you ask us. We will send the corrected information to the person(s) who we know got the incorrect information and others that you specify. If we do not agree, you can write a statement of your position and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By Law, we can have one thirty (30) days extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, please send a written request, including your reasons for the amendment, to the respective office address, fax or email.
- Get a list of the disclosures that we have made of your health information within the past six (6) years (or shorter period if you want). By Law, the list will include: disclosures for purposes of treatment, payment or health care operations, disclosures with your authorization, incidental disclosures, disclosures required by Law, and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60-days of receiving it, but by Law we can have one thirty (30) day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the respective office, fax or email.

NOTICE OF PRIVACY PRACTICES (Cont'd.)

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION (Cont'd.)

- Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got the one electronically or in paper form already. If you want additional paper copies, send a written request to the respective office, fax or email.

OUR NOTICE OF PRIVACY PRACTICES

By Law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at anytime as allowed by Law. If we change this notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice on our website and have copies available upon request.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the respective office location, fax or email. If you prefer, you can discuss your complain in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit our office at:

CarePoint Anesthesia Group, LLC
8301 E Prentice Avenue, Suite 215
Greenwood Village, CO 80111-2990
Tel: 720-606-4220
Fax: 720-606-4221
Email: info@carepointanesthesia.com

CarePoint Anesthesia Group of Michigan, LLC
6477 Cherry Meadow Drive SE, Suite 4
Caledonia, MI 49316-7351
Tel: 720-606-4220
Fax: 720-606-4221
Email: michigan@carepointanesthesia.com

ACKNOWLEDGEMENT OF RECEIPT

I, the undersigned, acknowledge that I received a copy of CarePoint Anesthesia Group's Notice of Privacy Practices.

Signature: _____

Date: _____