



Tatiana Ostanina D.D.S.

General and Cosmetic Dentistry

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NOTICE OF PRIVACY PRACTICES

Your information, Your Rights, Our responsibilities

Tatiana Ostanina DDS, LTD is committed to providing you with the highest quality of dental care in an environment that protects your privacy and the confidentiality of your health information. This notice explains our privacy practices and your rights with regard to your health information.

YOUR RIGHTS

You have certain rights regarding your Dental and/or Health information:

Get an electronic or paper copy of your dental record

We will provide a copy or a summary of your dental and health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct or amend your health record

You can ask us to correct health information about you that you think is incomplete or incorrect. We reserve a right to say "NO" to your request, but we will tell you WHY in writing, usually within 60 days of your request.

Request confidential communications

You may ask us to contact you in a specific way (such as home or office phone or email) or to send mail to a different address. Our Office will say "yes" to all reasonable requests. Please note that if you request your records to be sent to out-of-state or international addresses, an appropriate postage charges may apply.

Ask us to limit what we use or share

- You can ask us NOT to use or share certain health information for treatment, payment, or our operations. We are not required to agree to these requests. For example, we may say "NO" if it would affect your care.
- If you pay for a service or dental care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your dental insurer. We will say "yes" unless a law requires us to share that information.

Obtain a list of those with whom we have shared your information

- You can ask us for a list of the instances we have shared your health and/or dental information for six years prior to the date you ask, with whom we shared it, and why.
- We will include all the disclosures except for those about treatment, payment, or dental care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year at no charge, but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice or request to receive it electronically.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person (your "personal representative") can exercise your rights and make choices about your health information.
- If someone has been appointed to act for you, a copy of the document appointing that person must be provided to us. We will make reasonable efforts to ensure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights have been violated

- Protecting your confidential information is important to us. If you feel we have violated your rights, please contact us using the information at the end of this Notice.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share our information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we **never** share your information unless you give us written authorization:

- Marketing purposes
- Sale of your information

How TATIANA OSTANINA DDS, LTD May Use and Share Your Health Information

We may, without your written permission, *use* your health information *within* Our Office and share or *disclose* your health information to others *outside* of Our Office in the following ways:

For Treatment, Payment, Dental and Health Care Operations

Tatiana Ostanina DDS, LTD may use and disclose your health information without your written authorization for treatment, payment, and health care operations.

Treatment:

- We can use your health and dental information and share it with other professionals who are treating you. *For example*, a dentist treating you may ask your medical doctor(s) about your overall health condition. Note, however, that we may ask for your written permission if certain kinds of information are being disclosed (such as mental health information).

Payment:

- We can use and share your dental and health information to bill and get payment from dental and health plans or other entities. *For example*, we may send dental and health information about you to your dental and/or health insurance plan so it will pay for your services. We may also disclose your information to other providers (dental specialists) for their payment activities.

Dental Care Operations:

We can use and disclose your dental information to run our office, improve your care, and contact you when necessary. *For example*, we use your health and dental information to manage your treatment and services, including contacting you to remind you that you have an appointment for dental care. We may also disclose information to other dentists, medical doctors, dental hygienists and other authorized personnel for educational and learning purposes.

Those Instances that Require the Use or Disclosure of Your Health Information

Tatiana Ostanina DDS, LTD may disclose your health information without your written permission:

- With some limited exceptions, to you or someone who has the legal right to act on your behalf (your personal representative).

- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.
- When required by law.

Other Purposes for Which Tatiana Ostanina DDS, LTD is Allowed or Required to Use or Disclose Your Health Information

Our office may use or disclose your health and dental information to others without your written permission in other ways - usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Examples include:

a. To help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications and dental materials
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

b. To work with a coroner, medical examiner or funeral director

We can share dental and health information with a coroner, medical examiner, or funeral director when an individual dies.

c. To address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

d. To respond to lawsuits and legal actions

We can disclose health information about you in response to a court or administrative order, or in response to a subpoena.

e. To business associates

We may disclose your health information to our “business associates” - individuals or companies that provide services to our Office. For example, a business associate would include the company that administers the billing claims for Tatiana Ostanina DDS, LTD, a software vendor, and other service provider. Tatiana Ostanina DDS, LTD requires that business associates keep your information safe.

f. To parent and Legal guardians of minors

We may share a minor’s health information with his or her parents or guardians unless such disclosure is otherwise prohibited by law.

For example, a minor’s parents may discuss dental treatment with the care team. Note, however that if a minor is emancipated, married, pregnant or a parent, we will not share information with the minor’s parents or guardians. Also, if a minor discloses to us that he or she is receiving certain types of treatment (HIV testing, testing for STDs, mental health, drug or alcohol abuse counseling, or other certain types of treatments), we will not disclose information to the minor’s parents or guardians except in certain situations as required and allowed by law (including, but not limited to, if doing so is necessary to protect the minor’s safety or that of a family member or other individual or, if in the professional judgement of the health care provider, notification would be in the minor’s best interest and we have first sought unsuccessfully to persuade the minor to notify his or her parents).

Additional State and Federal Requirements

Some Illinois and federal laws provide additional privacy protection of your health information. These include:

- *Special Health Information.* Some types of health information are particularly sensitive, and the law, with limited exceptions, may require that we obtain your written permission or in some instances, a court order, to use or disclose that information. Special health information includes information dealing with mental health and developmental disabilities, HIV/AIDS, alcohol and drug abuse treatment, genetic testing and genetic counseling.

Prior to receiving care from Tatiana Ostanina, DDS LTD a patient signs, where required by law, a consent to allow our Office to use and disclose special health information in the same way that the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") allows us to use and share non-special health information for treatment, payment and healthcare operations as described in this Notice. *For example*, Tatiana Ostanina DDS, LTD may use and share special health information in order to better coordinate care for our Office patients.

- *Information Used in Certain Disciplinary Proceedings.* State law may require your written permission if certain health information is to be used in various review and disciplinary proceedings by state health oversight boards (e.g., the Department of Professional Regulation).
- *Information Used in Certain Litigation Proceedings.* State law may require your written permission for certain providers to disclose information in certain legal proceedings.
- *Disclosures to Certain Registries.* Some laws require your written permission if we disclose your health information to certain state-sponsored registries.

Tatiana Ostanina DDS, LTD is committed to following all state and federal legal requirements.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time.
Let us know in writing if you change your mind.

Changes to 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, at the front desk, and on our website.

Who Will Follow This Notice

This Notice will be followed by:

- Tatiana Ostanina DDS, LTD and all health and dental care offices involved in your health and dental care as well as all our office business associates.
- All dental specialists or other health care offices our Office has referred you to. These health care professional however, are legally separate and responsible for their own acts, and Tatiana Ostanina DDS, LTD is not responsible for the clinical services provided by these physicians or dentists to you.

Who To Contact For Information or With a Complaint

If you have any questions about this Notice or any complaints, please contact **Tatiana Ostanina DDS, 7317 W. North Avenue, River Forest, IL 60305 or call : 708.453.8400.**

EFFECTIVE DATE OF THIS NOTICE

This notice is effective as of September 4, 2018