

other lawful process, disclose the specific portions of your health information that are requested. If the subpoena, discovery request or other lawful process is not accompanied by a court or administrative tribunal order, we may disclose your health information only after we are assured that reasonable efforts have been made to notify you of the request, and the time for you to raise objections to the request has expired, or reasonable efforts have been made by the requestor to seek a protective order concerning the requested information.

Law Enforcement: We may disclose your health information to a law enforcement official for law enforcement purposes as required by law, a court ordered subpoena or summons, a grand jury subpoena or summons, or an administrative subpoena or summons, under certain circumstances.

In specific situations, the law also permits us to disclose limited pieces of your health information, when the information is needed by law enforcement officials to: 1) identify a suspect, fugitive, material witness, or missing person; 2) identify a victim of a crime; 3) alert law enforcement officials concerning your death; 4) notify law enforcement officials when a crime has been committed on our premises; or 5) in an emergency when necessary to alert law enforcement officials about a crime, its' location, or the identify of a perpetrator.

Coroners Medical Examiners and Funeral Directors: We may disclose your health information to a coroner or medical examiner for the purpose of identifying you upon your passing or to determine a cause of death. We may also disclose our health information to your funeral director if needed to complete his or her authorized duties.

Organ, Eye, or Tissue Donation: If you are an organ, eye, or tissue donor, we may release your health information to organizations that procure, bank or transplant organs for the purpose of facilitating organ, eye, or tissue donation and transplantation.

Research: We may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of our health information, thereby meeting the requirements under HIPAA. We may disclose your health information for the purpose of research, public health, or health care operations pursuant to a Data Use Agreement protecting that information as specified by HIPAA.

Avert a Serious Threat to Health or Safety: Consistent with applicable law and standards of ethical conduct, we may, in limited circumstances, use or disclose our health information if we, in good faith, believes such use or disclose if necessary to prevent or lesson a serious and imminent threat to health or safety of a person or the public.

Military Personnel: If you are a member of the United States Armed Services, we may disclose our health information to the appropriate military command authority when such information is deemed necessary to assure the proper execution of the military mission. Additional disclosures are required if you are a part of the Departments of Defense, Transportations. State or Veterans Affairs.

National Security and Presidential Protective Services: We may disclose our health information to authorize federal officials for the conduct of lawful intelligence and national security activities, as well as the provision of protective services to the President and other protected individuals.

Inmates and Individuals in Custody: If you are an inmate or otherwise in custody, we may disclose your health information to the correctional facility or law enforcement official having lawful custody of you.

Workers' Compensation: We may disclose our health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Appointment Reminders and Information on Treatment Alternatives: We may contact you to provide appointment reminders, information concerning treatment alternatives or other health-related benefits, alternatives and services that may be of interest to you (i.e., voicemail messages, postcards or letters).

OUR PLEDGE

We will endeavor to protect the privacy of your health information. If you have any questions comments or concerns regarding the policies set forth herein, please do not hesitate to discuss such matters with the Director of the Allied Dental Programs.

Notice of Health Information Privacy Practices

ROSE STATE COLLEGE

Rose State College
Allied Dental Programs

Notice of Health Information Privacy Practices

Rose State College
Allied Dental Programs
6420 Southeast 15th
Midwest City, OK 73110
405.733.7337

We respect our legal obligation to keep private health information that identifies you. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and your rights regarding use of information about your health. Please review it carefully.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit the RSC Allied Dental Program as a patient, Clinic personnel makes a record. This record contains medical/dental information generated during your visits to the clinic, received by the clinic from health care providers or provided by you. In this 'Notice of Health Information Privacy Practices' we shall refer to the information contained in your record as your "health information." This term shall have the same meaning as "protected health information" as defined in the Health Insurance Portability and Accountability Act of 1996 as amended (HIPAA).

YOUR HEALTH INFORMATION RIGHTS

Within the limits provided by federal and state law, you have the right to:

- Request restrictions on certain uses and disclosures of your health information;
- Receive confidential communication of your health information. You may request that we communicate with you about your health information by alternative means, or at an alternative location;
- Inspect and obtain a copy of your health information, except with regard to information compiled in reasonable anticipation of certain civil, criminal, or administrative proceedings;
- Request an amendment to your health information that we have created, except with regard to those portions of your health information that you are precluded from inspecting and copying as set forth above.
- Request copies of your health information. We will charge a fee for the costs of copying, mailing and other supplies associated with your request.
- Obtain an accounting of certain disclosures of your health information; and
- Receive a paper copy of this Notice.

You may exercise any of the above rights by submitting a signed letter detailing your request and mailing or delivering the letter to the Director of the Allied Dental Programs. However, we encourage you to call first so that we can help you be as specific

as possible with your request. We will promptly provide you with any forms needed to process your request.

OUR RESPONSIBILITIES

Law requires this office to:

- Maintain the privacy of your health information; provide you with this notice of our legal duties and privacy practices with respect to health information we collect and maintain about you;
- Abide by the terms of this Notice, currently in effect and as amended from time to time;
- Notify you if we are unable to honor your request to restrict use of disclosure of, or to amend, your health information; and
- Accommodate reasonable request you may have to communicate your health information by alternative means or at alternative locations.

We reserve the right to change our privacy practices and to make the new provisions effective for all of your health information we already have, as well as any health information we receive or create in the future. Should our privacy practices change, we will post a copy of the revised Notice in our reception area, which indicates the effective date of the amended Notice. You may request and obtain a copy of our Notice of Privacy Practices any time you visit our facility.

If use of disclosure of your health information is not permitted under law without a written authorization, we will not use or disclose your health information without that written authorization. You may at any time revoke a written authorization in writing, except to the extent that we have already taken action in reliance of your authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions and would like additional information concerning this Notice, please call the Clinic Manager or Program Director of the Allied Dental Programs at 405.733.7337.

If you believe that we have violated any of your privacy rights, you may file a written complaint to:

Rose State College
Director of Dental Hygiene
6420 Southeast 15th
Midwest City, OK 73110

EXAMPLES OF USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

The following are example of uses and disclosures of your health information which are permitted by law:

We will use your health information for treatment. We will use your health information to provide dental hygiene services to you. Any of our staff and students involved in your care will have access to your health information. We may also provide

your health information to other health care providers involved in your care to assist them in providing services to you.

We will use your health information for regular health care operations. Members of our staff may review and use health information from your record to assess the care and outcomes in your case and others like it. We will then use this information in an effort to continually improve the quality and effectiveness of our services.

ADDITIONAL USES AND DISCLOSURES

Communication with Person Involved in Your Care: We may disclose your health information that is directly relevant to your care to individuals you wish to receive such information including family members, relatives, close personal friends, or other person you identify. Before we do so we will ask you, and follow your instructions as to whether or not to make such disclosures. If you are incapacitated or involved in an emergency, we may use or make disclosures of your health information that we believe in our professional judgment are in your best interests, but only to the extent that such health information is directly relevant to the recipients; involved in your care.

Required by Law: We may use or disclose your health information to the extent such use or disclosure is required by law and is limited to the relevant requirements of such law.

Public Health, Health Oversight, and the Food and Drug Administration (FDA): As required by law, we may disclose our health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. We may also be required by law to disclose your health information to health oversight agencies responsible for regulation the health care system, government benefit programs, and civil rights laws, so that they may conduct, among other things, audits, investigations and inspections. For the purpose of activities relating to the quality, safety, or effectiveness of a FDA-regulated product or activity, we may disclose to the FDA your health information relating to adverse events with drugs, supplements, and other products, as well as information needed to enable product recalls, repairs or replacements.

Victims of Abuse, Neglect or Domestic Violence: If we reasonably believe that you are the victim of abuse, neglect, or domestic violence, we may disclose your health information to a governmental authority responsible for receiving these types of reports, to the extent law requires the disclosure, or you agree to the disclosure. If the disclosure is authorized by law, but not required, we may disclose your information if we determine that disclosure is necessary to prevent serious harm to you or others.

Judicial and Administrative Proceedings:

If you are involved in a judicial or administrative proceeding, we may, in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or