

Privacy Promise

Davis Center for Oral and Maxillofacial Surgery understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

How we use your Health Information

When you receive care from Davis Center for Oral and Maxillofacial Surgery, we may use your health information for treating you, billing for services, and conducting our normal business. Examples of how we use your information include:

Treatment - We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, your doctor may share your health information with a specialist who will assist in your treatment. Some health records, including some confidential communications with a mental health professional, some substance abuse treatment records, some genetic test results, and some health information of minors, may have additional restrictions for use and disclosure under state and federal laws.

Payment - We maintain billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, or other third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may require prior notice or approval. For example, we may disclose information about the services provided to you to obtain payment from your insurance company or Medicare.

Health Care Operations - We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our community. For example: we may use your health information to evaluate the quality of treatment and services provided by our physician, and staff.

We may also use your health information to:

- Recommend treatment alternatives
- Tell you about health services and products that may benefit you
- Share information with family or friends involved in your care or payment of your care, when appropriate
- Share information with third parties who assist us with treatment, payment and health care operations. Our business associates must protect your information by following our privacy practices
- Sharing your Health Information

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases, and injuries permitted by law: reporting births and deaths; and reporting reactions to drugs and problems with medical devices
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as investigations, audits, and inspections
- For lawsuits and similar proceedings

- When otherwise required by law
- When requested by law enforcement as required by law or court order
- To coroners, medical examiners, and funeral directors
- For organ and tissue donation
- For research, under strict federal guidelines
- To reduce or prevent a serious threat to public health and safety
- For workers' compensation or other similar programs if you are injured at work
- For specialized government functions such as intelligence and national security
- All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you.
- *Inspect and copy your health information, including medical billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information, and you may request a review of the denial.
- *Request corrections or additions to your health information.
- *Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures of your health information made by us, the Accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to July 5, 2005. The first accounting is free, but a fee will apply if more than one request is made in a 12 month period.
- *Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star () must be made in writing. Contact the Privacy Officer for the appropriate form.*

Contact us

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, contact:

Davis Center for Oral and Maxillofacial Surgery
Kerri Jewkes, Privacy Officer
890 W. Heritage Park Blvd. Suite 103
Layton, UT 84041
(801)614-0999