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# EDWARDSVILLE ORAL SURGERY & IMPLANT CENTER

## NOTICE OF PRIVACY PRACTICES

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**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.  
The privacy of your health information is important to us.**

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We are required by law to provide you with this notice that explains our Privacy Practices with regard to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe them in this notice. "Protected Health Information" is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made these changes. Before we make a significant change in our privacy practices, we will change this Notice and make the Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **Ways in Which We May Use and Disclose Your Protected Health Information:**

The following paragraphs describe different ways we may use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive. We assure you that all of the ways we are permitted to use and disclose your health information will fall within one of these categories.

**Treatment.** We may use and disclose your Protected Health Information to provide, coordinate, and/or manage your health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally, we may from time to time disclose your health information to another physician whom we have requested be involved in your care. *For Example* - we would disclose your health information to a specialist to whom we have referred you for diagnosis to help in your treatment.

**Payment.** We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. *For Example* – we may include information, with a bill to a third-party payer, which identifies you, your diagnosis, procedures, performed, and supplies used in rendering the service.

**Health Care Operations.** We may use and disclose your protected health information to support the business activities of our practice. *For Example* – we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription services for our practice.

**Your Authorization.** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

## **Other Ways We May Use and Disclose Your Protected Health Information**

**To Your Family and Friends.** We must disclose your health information to you, as described in the Patient's Rights section of this notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved in Care.** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Minors.** We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

**Marketing Health-Related Services.** We will not use your health information for marketing communications without your written authorization.

**Business Associates.** We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services, *for example*, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.

**Appointment Reminders.** We may use and disclose your protected health information to contact you as a reminder (such as voicemail messages, postcards, letters, electronic mail, or text messages) about scheduled appointments or treatment.

**Treatment Alternatives.** We may use and disclose your protected health information to tell you about or to recommend possible alternative treatments or options that may be of interest to you.

**Research.** We may use and disclose your protected health information to researchers provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

**Required By Law.** We may use or disclose your health information when we are required to do so by law.

**Abuse or neglect.** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Workers Compensation.** We may use and disclose your protected health information for workers compensation or similar programs that provide benefits for work-related injuries or illness.

**National Security.** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**Public Health Risks.** We may disclose Protected Health Information for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities.** We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.

**Law Enforcement.** We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.

**Coroners, Medical Examiners, and Funeral Directors.** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.

**Substance Use Disorder Treatment.** Certain health information related to diagnosis, treatment, or referral for treatment of a substance use disorder is protected by federal law under 42 CFR Part 2. The “Part 2 records” receive additional confidentiality protections beyond the standard HIPAA privacy rule requirements.

We may only use or disclose your Part 2 records in the following circumstances, as permitted by federal law: 1) With your written authorization that specifically permits the use or disclosure of Part 2 records; 2) For medical emergencies when necessary to meet an immediate medical need; 3) To qualified personnel for audits, evaluations, or certain health oversight activities; 4) As required by a court order that meets the strict requirements of 42 CFR Part 2; 5) For treatment, payment, and health care operations, but only in compliance with the updated federal rules effective February 16, 2026.

Any information we disclose that is protected under 42 CFR Part 2 cannot be re-disclosed by the recipient unless allowed by federal law. Recipients of this information will be notified in writing that further disclosure is prohibited without your explicit permission or authorization as permitted by Part 2 regulations.

You have the right to: Request a copy of your Part 2 records, Request restrictions on how your Substance Use Disorder (SUD) is used or disclosed, and authorize or revoke authorization for disclosure of your Part 2 information at any time, unless we have already acted in reliance on your authorization.

We are required by federal law to: Maintain the confidentiality of your Part 2 records; Provide you with an updated Notice of Privacy Practices reflecting these protections; and Train our staff on the updated rules and protections as required by the February 16, 2026 regulation.

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## **Patient Rights**

**Access.** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.35 for each page, \$15.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

**Disclosure Accounting.** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Right To an Electronic Copy.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is not readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Notice Of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Request Restrictions.** You have the right to request a restriction or limitation on Edwardsville Oral Surgery & Implant uses or discloses your medical information for treatment, payment, or health care operations. *For Example* – you could request that we do not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to our Practice Leader.

We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. However, if we do agree, we will comply with your request to restrict medical information unless that information is needed for emergency treatment.

**Request Amendment.** You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our Practice Leader stating exactly what information is incomplete or inaccurate and your reasoning that supports your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- The information was not created by us, or the person who created it is no longer available to make the amendment;
- The information is not part of the record which you are permitted to inspect and copy;
- The information is not part of the designated record set kept by this practice; or
- If it is the opinion of the health care provider that the information is accurate and complete.

**Out-Of-Pocket Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Request Confidential Communications.** You have the right to request how we communicate with you to preserve your privacy. *For Example* – you may request that we call you only at your work phone number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

**File a Complaint.** If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our Practice Leader or directly to the Secretary of Health and Human Services.

To file a complaint with our office you must submit the complaint in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to: Edwardsville Oral Surgery & Implant Center, Attn: Practice Leader, 1005A Plummer Dr, Edwardsville, IL 62025. You should know that there would be no retaliation for you filing a complaint.

**Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

### **Uses or Disclosures Not Covered**

Uses or disclosures of your health information not covered by this notice or the laws that apply to use may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons state in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

### **For More Information**

If you have any questions or would like additional information, you may contact our Practice Leader at (618) 656-3100.

Effective Date: April 14, 2003  
Updated and Replaced: February 6, 2026