



## **WEBSITE PRIVACY STATEMENT**

In this Website Privacy Statement (“statement”), we, ORA ORAL SURGERY & IMPLANT STUDIO SOUTH LOOP, LLC (“ORA”), provide information about how we collect, use, and transfer personally identifiable data from you, a website visitor, through our website [www.orasurgery.com](http://www.orasurgery.com) (the “Site”).

### **ARTICLE 1. SCOPE**

1.1 This statement covers only data collected through the Site and not any other data collection or processing, including, without limitation, data collection practices of other web pages to which we link or data that we or our affiliates collect offline, data collected through an office visit, or data collected through websites that do not display a direct link to this statement.

### **ARTICLE 2. TYPES OF DATA AND COLLECTION METHODS**

2.1 Through the Site, we receive data that you actively submit as well as data that we may track:

2.1.1 *Actively Submitted Data:* When you request information, subscribe for a service (if applicable), register as a user or patient, respond to an online survey or otherwise actively send us data, we usually collect data such as your name, e-mail address(es), mailing address(es), telephone number(s), and certain information related to your medical condition and medical history. In connection with chargeable services, we may also collect payment information (*e.g.*, credit card number and related verification information). In each such instance, you will know what data we collect through the Site, because you actively submit it.

(a) We collect *actively submitted data* primarily for two purposes: First, for the purpose for which you originally sent us the data (*e.g.*, to schedule an appointment or write a review). Second, for purposes of informing you about products or services or an upcoming appointment.

2.2 *Passively Tracked Data:* When you visit the Site, we may also passively track information on your computer and Internet connection, such as the IP address of your computer and/or Internet service provider, the date and time you access our websites, the

Internet address of websites from which you link to our site, the computer technology you are using and your movements and preferences on our site. We use technology that many other websites employ, including, without limitation, “cookies” or small data files stored on your computer’s hard drive, to collect information such as the aforementioned. In some instances, we also use cookies to collect information in connection with future visits from that site, to recognize you as a previous visitor and to track your activity at the Site. You do not need to have cookies turned on to participate in our surveys or to visit our site. You can refuse cookies by turning them off on your browser.

(a) We may collect *passively tracked data* primarily for purposes of administering, protecting and improving our site and our systems, to better understand the preferences of our site visitors, to identify server problems, to compile aggregated statistics about site usage, and to help personalize your experience of our Site.

2.2.2 *Combinations*: Unless you also actively submit personal information such as your name or address, passively tracked data does not typically allow us to identify you personally (even though it can theoretically be done, we do not have the means or an interest to find out who you are, unless you identify yourself voluntarily through an active submission of data). To the extent permitted by applicable law, we reserve the right to combine passively tracked data with personal data that you actively submit.

### **ARTICLE 3. USE AND DISCLOSURE OF DATA**

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

3.1.1 Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth; prescribing medications and faxing them to be filled; referring you to another doctor or clinic for other health care or services; or getting copies of your health information from another professional that you may have seen before us.

3.1.2 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; and collecting unpaid amounts (either ourselves or through a collection agency or attorney).

3.1.3 Examples of how we use or 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.

(a) “Health care operations” mean those administrative and managerial functions that we have to do in order to run our office.

3.1.4 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 usually request your permission.

#### **ARTICLE 4. WHERE WE STORE AND PROCESS DATA**

4.1 We keep data in Chicago, Illinois and may also have servers, contractors, and employees around the world in various locations, including, without limitation, other parts of the United States of America, Asia and the European Economic Area.

#### **ARTICLE 5. DISCLOSURES OF PERSONAL INFORMATION**

5.1 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 office at all. However:

5.1.1 We may share your information when a state or federal law mandates that certain health information be reported for a specific purpose;

5.1.2 We may share your information 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;

5.1.3 We may share your information with respect to disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;

5.1.4 We may share your information for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;

5.1.5 We may share your information for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;

5.1.6 We may share your information 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;

5.1.7 We may share your information with 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;

5.1.8 We may share your information for health related research;

5.1.9 We may share your information to prevent a serious threat to health or safety;

5.1.10 We may share your information 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;

5.1.11 We may share your information as a disclosure of de-identified information;

5.1.12 We may share your information relating to worker's compensation programs;

5.1.13 We may share your information as a "limited data set" for research, public health, or health care operations;

5.1.14 We may share your information if it is an incidental disclosure that is an unavoidable by-product of permitted uses or disclosures;

5.1.15 We may share your information to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;

5.1.16 We may share or transfer your information in connection with a prospective or actual sale, merger, transfer or other reorganization of all or parts of our business;

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

## **ARTICLE 6. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

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

6.1.1 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, send a written request to the office contact person at the address, fax or e-mail shown at the end of this Notice.

6.1.2 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 e-mail to your personal e-mail 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 office contact person at the address, fax or e-mail shown at the end of this Notice.

6.1.3 Ask to see or to 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 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay for 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 30 day 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 photocopies of your health information, send a written request to the office contact person at the address, fax or e-mail shown at the end of this Notice.

6.1.4 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 60 days from when you ask us. We will send the corrected information to persons who we now got the wrong 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 30 day 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, send a written request, including your reasons for the amendment, to the office contact person at the address, fax or e-mail shown at the end of this Notice.

6.1.5 Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not 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 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 office contact person at the address, fax or e-mail shown at the end of this Notice.

6.1.6 Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or e-mail shown at the end of this Notice.

## **ARTICLE 7. ACCESS**

7.1 If personal information you have submitted through the Site is no longer accurate, current, or complete, and you wish to update it, please send an e-mail to

[southloop@orasurgey.com](mailto:southloop@orasurgey.com). Upon appropriate request, we will usually be glad to update or amend your information, but we reserve the right to use information obtained previously to verify your identity or take other actions that we believe are appropriate.

## **ARTICLE 8. SECURITY**

8.1 Transmissions over the Internet are never 100% secure or error-free. However, we take reasonable steps to protect your personal information from loss, misuse, and unauthorized access, disclosure, alteration, and destruction. It is your responsibility to safeguard any password and User ID you may use to access the Site and to notify us at [southloop@orasurgey.com](mailto:southloop@orasurgey.com) if you ever suspect that this password or User ID has been compromised. You are solely responsible for any unauthorized use of the Site conducted via your password and User ID.

## **ARTICLE 9. CHILDREN'S PRIVACY**

9.1 The Site is intended for adults and children under adult supervision. We do not intentionally or knowingly collect, personally-identifiable information from individuals under the age of eighteen (18) and we request that individuals under the age of eighteen (18) not submit any personal information on the Site.

## **ARTICLE 10. EFFECTIVE DATE, AMENDMENTS**

10.1 This statement is effective as of August 29, 2011.

10.2 We reserve the right to change this statement from time to time and in our sole discretion.

10.3 We reserve the right to change, modify, add or remove portions of this statement at any time, but will alert you that changes have been made by indicating on the statement the date it was last updated.

10.4 When you visit the Site, you are accepting the current version of this statement as posted on the Site at that time. We recommend that users revisit this statement on occasion to learn of any changes.

## **ARTICLE 11. CONTACT US**

Please feel free to contact us with any comments, questions, complaints or suggestions you might have regarding the information practices described in this statement. You may send us an e-mail at [southloop@orasurgey.com](mailto:southloop@orasurgey.com) or write to us at:

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