

**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**  
Great Plains Oral and Maxillofacial Surgery 913.780.3100 www.gpoms.com

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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. **Effective 02/16/2026**

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**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:** When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an Electronic or Paper Copy of Your Medical Record: You may request an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request.

Ask us to Correct Your Medical Record: You may request an amendment to your health information that you think is incorrect or incomplete. We may deny your request, but we will tell you why in writing within 60 days.

Request Confidential Communications: You may ask us to contact you in a specific way (for example, text, call, or email). We will agree to all reasonable requests.

Ask Us to Limit What We Use or Share: You may request of us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may decline if it would affect your care. If you pay for a service or health 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 health or dental plan. We will agree unless a law requires us to share that information.

Get a List of Those with Whom We Have Shared Information: You may ask for a list (accounting) of the times we have shared your health information for six years prior to the date you make a request, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but may charge a reasonable, cost-based fee for an additional one within 12 months.

Get a Copy of This Privacy Notice: You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose Someone to Act for You: If you have designated someone Medical Power of Attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure 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: You may file a complaint with us if you feel your rights have been violated. To do so, please contact: Great Plains Oral and Maxillofacial Surgery, Office Administrator, 965 N Mur-Len Rd, Olathe, KS 66062; or 913.780.3100, during office hours. S[he] will provide you with assistance on the steps to take to exercise your rights. You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Ave SW, Washington, DC, 20201, calling 877.696.6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**YOUR CHOICES:** For certain health information, you may 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: a.) Share information with your family, close friends, or others involved in your care; and b.) Share information in a disaster relief situation. If you are unable to tell us your preference, we may share your 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 and safety.

In these cases, we never share your information, unless you give us written permission: a.) Marketing purposes; b.) Sale of your information; c.) Sharing of psychotherapy notes.

**OUR USES AND DISCLOSURES:** We typically use or share your health information in the following ways:

Treatment: We may use your health information and share it with other professionals who are treating you. Example: In treating you, we may ask another doctor about a disclosed health condition.

Running Our Organization: We may use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

Billing For Your Services: We may use and share your health information to bill and get payment from health/dental plans or other entities. Example: We provide your health information to your health/dental plan on your behalf, for payment for your services.

**OTHER WAYS WE MAY USE OR SHARE YOUR HEALTH INFORMATION:** We are allowed or required to share your information in other ways – usually, in ways that contribute to the public good, such as public health and research. 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help With Public Health and Safety Issues: We may share health information about you for certain situations, such as: a.) Preventing disease; b.) Helping with product recalls; c.) Reporting adverse reactions to medications; d.) Reporting suspected abuse, neglect, or domestic violence; e.) Preventing or reducing a serious threat to anyone's health or safety.

Research: We may use or share your information for health research.

Comply With the Law: We may share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we are complying with federal privacy law.

Respond to Organ and Tissue Donation Requests: We may share health information about you with organ procurement organizations.

Work With a Medical Examiner or Funeral Director: We may share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Workers' Compensation, Law Enforcement, and Other Government Requests: We may use or share health information about you: a.) For workers' compensation claims; b.) For law enforcement purposes or with a law enforcement official; c.) With health oversight agencies for activities authorized by law; and d.) For special government functions such as military, national security, and presidential protective services.

Respond to Lawsuits and Legal Actions: We may share health information about you in response to a court or administrative order, or in response to a subpoena.

Special Notes: We do not market, fundraise, or sell personal information. We do not create or maintain psychotherapy notes at this practice. We will not share any substance abuse treatment records without your written permission or a subpoena compelling disclosure.

**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 in writing. If you authorize the sharing of information, you may change your mind at any time by letting us know in writing. For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**CHANGES TO THE TERMS OF THIS NOTICE:** We may 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, in our office, and on our website.

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