



HIPAA PRIVACY POLICIES & PROCEDURES

1. HIPAA BACKGROUND

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996. The law directed the Department of Health and Human Services to develop standards for the electronic exchange, privacy, and security of health information if Congress did not do so. Ultimately, the first set of HIPAA Privacy Regulations were enacted in August of 2002 and can be found in Section 45 CFR Part 160 and 164. Since the original publication of the rules, there have been modifications and minor changes until February 17, 2009, when the Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted as part of the American Recovery and Reinvestment Act, which was signed into law to promote the adoption and meaningful use of health information technology. Subtitle D of the HITECH Act addresses the privacy and security concerns associated with the electronic transmission of the health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules.

The complex and extensive scope of HIPAA and HITECH regulations continues to be an implementation challenge. Penalties and fines for noncompliance have significantly increased and now may also be levied by State Attorney General Offices. Evaluating compliance with HIPAA and HITECH is essential to ensure patient privacy rights.

2. GENERAL RULE: NO USE OR DISCLOSURE

Dentistry by April Detar must not use or disclose protected health information (PHI), except as these Privacy Policies & Procedures permit or require.

3. ADMINISTRATION

Dentistry by April Detar's privacy official is _____
and all HIPAA complaints are directed to this person who can be reached at
_____ .

Dentistry by April Detar prohibits the use of a waiver of HIPPA regulations. Under current regulations, providers may not condition treatment of the patient upon a waiver of their rights under this law.

Dentistry by April Detar defines a record set to include medical/ dental records, claims, payment and billing records used in whole or in part by Dentistry by April Detar to make decisions about individuals.

4. DEMOGRAPHIC DETAILS

Dentistry by April Detar is located at 2182 Sandy Dr. State College, PA 16803. Our phone number is 814-234-4444.

5. ACKNOWLEDGEMENT AND OPTIONAL CONSENT

Our dental office will make a good faith effort to obtain a written acknowledgement of receipt (Privacy Kit Form #1) of our Notice of Privacy Practices (see Section 6) from a patient before we use or disclose his or her protected health information (PHI) for treatment, to obtain payment for that treatment, or for our healthcare operations (HCO).

Our dental office's use or disclosure of PHI for our payment activities and healthcare operations may be subject to the minimum necessary requirements (see Section 16).

Our dental office will become familiar with our state's privacy laws. If required by our state law, or as directed by the dentist, we will also seek consent from a patient before we use or disclose PHI for HCO purposes in addition to obtaining an Acknowledgement of receipt of our Notice of Privacy Practices.

- a) Obtaining Consent — If consent is to be obtained, upon the individual's first visit as a patient (or next visit if already a patient), our dental office will request and obtain the patient's written consent for our use and disclosure of the patient's PHI for treatment, payment, and healthcare operations.

Any consent we obtain must be on our consent form, which we may not alter in any way. Our dental office will include the signed consent form in the patient's chart. (Privacy Kit Form #2)

- b) Exceptions — Our dental office does not have to obtain the patient's consent in emergency treatment situations; when treatment is required by law; or when communications barriers prevent consent.
- c) Consent Revocation — A patient from whom we obtain consent may revoke it at any time by written notice. Our dental office will include the revocation in the patient's chart. There is space at the bottom of our consent form where the patient can revoke the consent.
- d) Applicability — Consent for use or disclosure of PHI should not be confused with informed consent for dental treatment.

6. NOTICE OF PRIVACY PRACTICES (NPP)

Our dental office will maintain a Notice of Privacy Practices as required by the Privacy Rules. It is in plain language. It is promptly revised and distributed whenever there is a material change to the uses, disclosures, individual's rights, or the covered entity's legal duties. Dentistry by April Detar prohibits implementing any material changes until the effective date of the notice. The notice does consider any other laws (ex: State HIPAA laws) which are more restrictive in regard to the disclosure of PHI.

- a) Our Notice — Our dental office will use and disclose PHI only in conformance with the contents of our Notice of Privacy Practices. We will promptly revise a Notice of Privacy Practices whenever there is a material change to our uses or disclosures of PHI to our legal duties, to the patients' rights, or to other privacy practices that render the statements in that Notice no longer accurate.

Notice of Privacy Practices (Privacy Kit Form 3) contains the terms that federal law requires.

- b) Distribution of Our Notice — Our dental office will provide our Notice of Privacy Practices to any person who requests it, and to each patient no later than the date of our first service delivery after July 2, 2018.

Our dental office will have our Notice of Privacy Practices available for patients to take with them. Our NPP is provided no later than the first date of service or in an emergency as soon as reasonably practicable. We will also post our Notice of Privacy Practices in a clear and prominent location where it is reasonable to expect patients seeking service from us will be able to read the Notice.

- c) Acknowledgement of Notice — Our dental office will make a good faith effort to obtain from the patient a written Acknowledgement of receipt of our Notice of Privacy Practices.

Our dental office shall use Acknowledgement of Receipt of Notice of Privacy Practices (Privacy Kit Form 1) to obtain the Acknowledgement. If we cannot obtain written Acknowledgement from the patient, we will use the form to document our attempt and the reason why written Acknowledgement was not signed by the patient

CE is required by law to maintain the privacy of PHI to provide individuals with notice of its legal duties and privacy practices with respect to PHI (Protected Health Information) and to notify affected individuals following a breach of unsecured protected health information. Our NPP is also updated on our website.

7. WRITTEN POLICIES AND PROCEDURES

Dentistry by April Detar changes policies and procedures to comply with changes in the law. Policies are up to date with current regulations. Policies and procedures are maintained for 6 years. Patients can access their PHI by contacting Dentistry by April Detar and making a formal request in writing. Within 30 days of notice, we will review the request and provide access to the patient unless their request is denied. If their request is denied, they will be notified in writing with reason for denial. We will make available an objective reviewing official who did not participate in the original denial if the patient's request is denied and they request review.

Per PA state law, where requests are made on behalf of the deceased, Dentistry by April Detar must:

- (a) Verify the identity of the person requesting protected health information of a deceased individual and the authority to have access to that information.
- (b) Obtain written documentation if disclosure is conditioned on representations § 164.514(h). 17.
- (c) Personal Representatives: An executor or administrator authorized by law to act on behalf of an individual's estate is a personal representative. The personal representative will be treated as the individual for purposes of disclosure of PHI.

Dentistry by April Detar may disclose PHI without written authorization, under the following circumstances and only if more stringent law does not prohibit use or release:

- (a) To law enforcement officials if there is suspicion that the death may be due to criminal conduct. See §164.512(f)(4).
- (b) To coroners/medical examiners for identification, cause of death or other duties. See § 164.512(g)(1).
- (c) To funeral directors as necessary to carry out their duties. See § 164.512(g)(2).
- (d) To organ/tissue donation procurement agencies. See § 164.512(h).
- (e) To conduct research on decedent's information. See § 164.512(i)(1)(iii), subject to approval by an independent review board.
- (f) To physicians of a living individual for that individual's medical treatment. The Department must obtain documentation from the physician that the disclosure is necessary.
- (g) If the requested information is regarding an individual who died over 50 years ago.

Dentistry by April Detar charges for the reproduction of dental records. Please see attached fee schedule.

8. PATIENT ACCESS OF PHI

Dentistry by April Detar will honor the rights of patients regarding their PHI.

Patients are permitted to inspect or obtain a copy of their PHI in a designated record set. Patients have the right to inspect and obtain their PHI. With rare exceptions, our dental office must permit patients access to their PHI. No PHI will be withheld from a patient seeking access unless we confirm that the information may be withheld according to the Privacy Rules.

Any denial for access to records will be noted by _____ and reported to Dr. Detar. All denials must be reviewable in the following circumstances:

- (a) Dentistry by April Detar believes that access would endanger the life or safety of the individual or another person
- (b) The PHI references another person (unless a health care provider) and in their professional judgement the health care provider believes access would likely cause substantial harm to the other person
- (c) Where the health care provider believes access by a personal representative would likely cause substantial harm to the individual.

If access is denied, any other accessible information must be provided and the denial must be provided in writing that sets out the basis of the denial, the patient's right to review of the denial and how the patient may complain through complaint procedures to Dentistry by April Detar and the HHS Secretary.

Exceptions that don't require a denial review include where:

- (a) The patient is in the custody of a correctional facility
- (b) Certain research with prior individual authorization
- (c) Records subject to the Privacy Act
- (d) If the information obtained from someone else other than Dentistry by April Detar, under a promise of confidentiality, and access would reveal the source of this information.

A summary may be provided instead of access to the PHI if the individual agrees in advance and pays for any fees for the summary. Dentistry by April Detar will produce the PHI requested by the individual in the format requested if it is reproducible in the requested format. If not, then it must be reproduced in a readable hard copy form and format agreed upon by Dentistry by April Detar and the individual.

Dentistry by April Detar requires requests for release of records in writing and will provide records or access to records in a timely manner; we will act on the request within 30 days of notice. Requests by patients to provide records to another person must be in writing and specify the designated person to receive the information and where the information is to be sent. All requests must be documented to make accounting of disclosures accurate and timely. Dentistry by April Detar permits for mailing of the patient's protected health information.

9. REQUESTS FOR ADMENDMENTS

Amendment — Patients have the right to request to amend their PHI and other records for as long as our dental office maintains them. Dentistry by April Detar requires that the patient request be made in writing and provide reason to support the amendment. Any request made in writing will be responded to in writing within 60 days of the request. All amendment requests need to be made to _____ who will be responsible for receiving, processing, and handling requests for amendments made by patients.

Dentistry by April Detar may deny a request to amend PHI or records if:

- (a) we did not create the information and is not part of the designated record set (unless the patient provides us a reasonable basis to believe that the originator is not available to act on a request to amend)
- (b) we believe the information is accurate and complete
- (c) we do not have the information

Dentistry by April Detar will follow all procedures required by the Privacy Rules for denial or approval of amendment requests. We will not, however, physically alter or delete existing notes in a patient's chart. We will inform the patient when we agree to make an amendment, and we will contact our Business Associates (Employees) to help assure that any PHI they have on the patient is appropriately amended. We will contact any individuals whom the patient requests we alert to any amendment to the patient's PHI. We will also contact any individuals or entities of which we are aware that we have sent erroneous or incomplete information and who may have acted on the erroneous or incomplete information to the detriment of the patient.

When we deny a request for an amendment, we will mark any future disclosures of the contested information in a way acknowledging the contest. We will send, in writing, the reason for denial and the patient's right to submit a written statement disagreeing with the denial future disclosures of the PHI subject to the amendment. We will also include steps on how the patient may complain to the Secretary of Health and Human Services along with the Secretary's name and telephone number.

10. AUTHORIZATIONS

In some cases, we must have proper, written Authorization (Privacy Kit Form 4) from the patient (or the patient's personal representative) before we use or disclose a patient's PHI for any purpose (except for HCO purposes) or as permitted or required without consent or authorization. We will maintain authorizations for 6 years.

Dentistry by April Detar will use an Authorization form. We will always act in strict accordance with an Authorization. Authorizations must include a description of the information to be used for or disclosed that identifies the information in a specific and meaningful fashion, the name of the person(s) to whom the provider may make the requested use or disclosure, a description of each purpose of the requested use or disclosure, an expiration date or expiration event, the patient's or patient's personal representative signature (with authority) and date, a statement that the patient may revoke the

authorization in writing, a statement that the provider may not condition treatment on condition for signing an authorization, and a statement that the information disclosed pursuant to the authorization has the potential to be redisclosed by the recipient and no longer protected. A copy of the authorization will be provided to the patient.

a) Authorization Revocation — A patient may revoke an authorization at any time by written notice. Our dental office will not rely on an Authorization we know has been revoked.

b) Authorization from Another Provider — Our dental office will use or disclose PHI as permitted by a valid Authorization we receive from another healthcare provider. Our dental office may rely on that covered entity to have requested only the minimum necessary protected PHI. Therefore, our dental office will not make our own “minimum necessary” determination, unless we know that the Authorization is incomplete, contains false information, has been revoked, or has expired.

c) Authorization Expiration — Our dental office will not rely on an Authorization we know has expired.

11. ORAL AGREEMENT

Our dental office may use or disclose a patient’s PHI with the patient’s Oral Agreement or if the patient is unavailable subject to all applicable requirements. Our dental office may use professional judgment and our experience with common practice to make reasonable inferences of the patient’s best interest in allowing a person to act on behalf of the patient to pick up dental/medical supplies, X-rays, or other similar forms of PHI.

12. PERMITTED WITHOUT ACKNOWLEDGEMENT, CONSENT AUTHORIZATION OR ORAL AGREEMENT

Our dental office may use or disclose a patient’s PHI in certain situations, without Authorization or Oral Agreement. In our dental office, these disclosures are not likely to be frequent.

- a) Verification of Identity — Our dental office will always verify the identity of any patient, and the identity and authority of any patient’s personal representative, government or law enforcement official, or other person, unknown to us, who requests PHI before we will disclose the PHI to that person.

Our dental office will obtain appropriate identification and, if the person is not the patient, evidence of authority. Examples of appropriate identification include photographic identification card, government identification card or badge, and appropriate document on government letterhead. Our dental office will document the incident and how we responded.

- b) Uses or Disclosures Permitted under this Section 12— The situations in which our dental office is permitted to use or disclose PHI in accordance with the procedures set out in this Section 12 are listed below.

- Our dental office may disclose a patient’s PHI to that patient on request.

- Our dental office may disclose to a patient’s personal representative PHI relevant to the representative capacity. We will not disclose to a personal representative we reasonably believe may be abusive to a patient any PHI we reasonably believe may promote or further such abuse.
- Our dental office will not use or disclose a patient’s PHI for fundraising purposes without the patient’s Authorization.
- Our dental office will not use or disclose PHI for marketing without a patient’s Authorization unless the marketing is in the form of a promotional gift of nominal value that we provide, or face-to-face communications between us and the patient.
- Our dental office may use or disclose PHI in the following types of situations, provided procedures specified in the Privacy Rules are followed:
 - (1) For public health activities
 - (2) To health oversight agencies
 - (3) To coroners, medical examiners, and funeral directors
 - (4) To employers regarding work-related illness or injury
 - (5) To the military
 - (6) To federal officials for lawful intelligence, counterintelligence, and national security activities
 - (7) To correctional institutions regarding inmates
 - (8) In response to subpoenas and other lawful judicial processes
 - (9) To law enforcement officials
 - (10) To report abuse, neglect, or domestic violence
 - (11) As required by law
 - (12) As part of research projects
 - (13) As authorized by state worker’s compensation laws

13. USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Dentistry by April Detar requests that the patient lists persons to whom we may disclose PHI on the HIPAA acknowledgement form. Additionally, Dentistry by April Detar permits disclosures without patient authorization to:

- Public health or government authorities authorized to receive reports of child abuse or neglect
- Companies with products or activities subject to the FDA jurisdiction
- An employer when requested by the employer to provide health care to an employee and if the provider has given written notice to the employee that PHI related to the workplace injury with be disclosed to the employer
- Social services agencies or law enforcement in cases of abuse, neglect or domestic violence if the individual agrees to the disclosure or the disclosure is expressly authorized by statute or regulation or the provider, in their professional judgement, believes the disclosure is necessary to prevent harm to the individual or other potential victims
- A court through a court order

14. ACCOUNTING OF DISCLOSURES

Dentistry by April Detar will disclose protected health information (PHI) to a patient (or to the patient's personal representative) to the extent that the patient has a right of access to the PHI and to the U.S. Department of Health and Human Services (HHS) on request for complaint investigation or compliance review.

Disclosure Accounting — Patients have the right to an accounting of certain disclosures our dental office made of their PHI within the 6 years prior to their request and will be provided within 60 days of their request. Each disclosure we make, that is not for treatment payment or healthcare operations, must be documented showing the date of the disclosure, what was disclosed, the purpose of the disclosure, and the name and (if known) address of each person or entity to whom the disclosure was made, a brief description of the protected health information disclosed, and a brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of a written request for a disclosure under §§164.502(a)(2)(ii) or 164.512, if any.

The Authorization or other documentation must be included in the patient's record. We use the patient's chart to track each disclosure of PHI as needed to enable us to fulfill our obligation to account for these disclosures.

We are not required to account for disclosures we made:

- (a) before July 2, 2018
- (b) to the patient (or the patient's personal representative)
- (c) to or for notification of persons involved in a patient's healthcare or payment for healthcare
- (d) for treatment, payment, or healthcare operations
- (e) for national security or intelligence purposes
- (f) to correctional institutions or law enforcement officials regarding inmates
- (g) according to an Authorization signed by the patient or the patient's representative
- (h) incident to another permitted or required use or disclosure

We will temporarily suspend the accounting of any disclosure when requested to do so pursuant according to the Privacy Rules by health oversight agencies or law enforcement officials. We may charge for any accounting that is more frequent than every 12 months, provided the patient is informed of the fee before the accounting is provided. We will contact our employees to assure we include in the accounting any disclosures made by them for which we must account.

Restriction on Use or Disclosure — Patients have the right to request our dental office to restrict use or disclosure of their PHI, including for treatment, payment, or healthcare operations. We have no obligation to agree to the request, but if we do, we will comply with our agreement (except in an appropriate dental/medical emergency). We may terminate an agreement restricting use or disclosure of PHI by a written notice of termination to the patient. We will contact our Business Associates whenever we agree to such a restriction to inform the Business Associate of the restriction and its

obligations to abide by the restriction. We will document in the patient's chart any such agreed to restrictions.

Alternative Communications — Patients have the right to request us to use alternative means or alternative locations when communicating PHI to them. Our dental office will accommodate a patient's request for such alternative communications if the request is reasonable and in writing. Our dental office will inform the patient of our decision to accommodate or deny such a request. If we agree to such a request, we will inform our employees of the agreement and provide them with the information necessary to comply with the agreement.

Applicability — Our dental office will be aware of and respect these patients' rights regarding their PHI, even though in most situations' patients are unlikely to exercise them

Accountings will also include any unauthorized breaches.

15. REQUESTS FOR RESTRICTIONS

Dentistry by April Detar permits patients to request restrictions on the disclosure of their protected health information except for those disclosures required by law.

Dentistry by April Detar complies with a patient's request to restrict information to a third-party payor if the patient agrees to pay of pocket for the service.

Restriction requests and termination of restriction requests are documented by Dentistry by April Detar.

16. MINIMUM NECESSARY STANDARDS

Dentistry by April Detar will make reasonable efforts to disclose, or request of another covered entity, only the minimum necessary protected health information to accomplish the intended purpose.

There is no minimum necessary requirement for: disclosures or requests by one another in our dental office or by a healthcare provider for treatment; permitted or required disclosures to, or for disclosures requested and authorized by, a patient; disclosures to HHS for compliance reviews or compliant investigations; disclosures required by law; or uses or disclosures required for compliance with the HIPAA Administrative Simplification Rules.

a) Routine or Recurring Requests or Disclosures — Our dental office will follow the policies and procedures that we adopt to limit our routine or recurring requests for or disclosures of PHI to the minimum reasonably necessary for the purpose.

b) Non-Routine or Non-Recurring Requests or Disclosures — No non-routine or nonrecurring request for or disclosure of PHI will be made until it has been reviewed on a patient-by-patient basis against our criteria to ensure that only the minimum necessary PHI for the purpose is requested or disclosed.

c) Others' Requests — Our dental office will rely, if reasonable for the situation, on a request to disclose PHI being for the minimum necessary, if the requester is:

(a) a covered entity

(b) a professional (including an attorney or accountant) who provides professional services to our practice, either as a member of our workforce or as our Business Associate, and who represents that the requested information is the minimum necessary

(c) a public official who represents that the information requested is the minimum necessary

(d) a researcher presenting appropriate documentation or making appropriate representations that the research satisfies the applicable requirements of the Privacy Rules

Entire Record — Our dental office will not use, disclose, or request an entire record, except as permitted in these Policies & Procedures or standard protocols that we adopt reflecting situations when it is necessary.

Minimum Necessary Workforce Use — Our dental office will use only the minimum necessary PHI needed to perform our duties.

17. COMPLAINTS

Our dental office will implement procedures for patients to complain about our compliance with our Privacy Policies & Procedures or the Privacy Rules. We will also implement procedures to investigate and resolve such complaints.

The Complaint form in our Privacy Kit can be used by the patient to lodge the complaint. Each complaint received must be referred to management immediately for investigation and resolution. The complaint will be documented in the patient chart along with their disposition. A written response will be provided to each complaint. All complaints and responses will be maintained for a minimum of 6 years. We will not retaliate against any patient or workforce member who files a Complaint in good faith.

18. CORRECTIVE ACTION OF OUR BUSINESS ASSOCIATES/ BREACH NOTIFICATION

Dentistry by April Detar will obtain satisfactory assurance in the form of a written contract that our Business Associates will appropriately safeguard and limit their use and disclosure of the protected health information (PHI) we disclose to them. (Privacy Kit Form 6)

These Business Associate requirements are not applicable to our disclosures to a healthcare provider for treatment purposes. The contract terms document contains the terms that federal law requires be included in each Business Associate Contract.

If our dental office learns that a Business Associate has materially breached or violated its contract with us, we will take prompt, reasonable steps to see that the breach or violation is cured. We define breach as “the acquisition, access, use or disclosure of unsecured PHI which is not permitted by the HIPAA Privacy Rules and compromises the security or privacy of the PHI”. The Business Associate will be notified in writing without reasonable delay but no later than 60 days after discovery.

A risk assessment will be performed to determine the probability that PHI has been compromised and will minimally include the following factors:

- a) The nature and extent of the PHI involved including identifiers and likelihood of re-identification
- b) The unauthorized person who used the PHI or to whom the disclosure was made
- c) Whether the PHI was actually acquired or viewed
- d) The extent to which the risk to the PHI information has been mitigated

All risk assessments will be maintained to evidence compliance and notification decisions.

Exceptions to the Breach Notification include:

- a) Any unintentional acquisition, access, or use of the PHI by an employee who does not redisclose
- b) Any inadvertent disclosure by a person who is authorized to access PHI in our dental office
- c) A disclosure of the PHI where Dentistry by April Detar has good faith that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information (i.e., a laptop is lost or stolen then recovered, and a forensic analysis of the computer shows that information was not opened, altered, transferred, or otherwise compromised).

If the Business Associate does not promptly and effectively cure the breach or violation, we will terminate our contract with the employee, or if contract termination is not feasible, report the Business Associate's breach or violation to the U.S. Department of Health and Human Services (HHS).

Breaches of less than 500 individuals will require a log that must be submitted to HHS no later than 60 days of the calendar year in which they are reported. Breaches of more than 500 individuals will require contacting all individuals involved along with HHS. Written notification must include all of the required content elements.

19. STAFF TRAINING

Training— Our dental office will train all members of our workforce in these Privacy Policies & Procedures, as necessary and appropriate for them to carry out their functions. We will complete the privacy training of our existing workforce by July 2, 2018.

After July 2, 2018, our dental office will train each new staff member within a reasonable time after the member starts. We will also retrain each staff member whose functions are affected either by a material change in our Privacy Policies and Procedures or in the member's job functions, within a reasonable time after the change.

Staff Review of Policies and Procedures can be used to have workforce members acknowledge they have received and read a copy of these Policies and Procedures. (Privacy Kit Form 7)

20. DATA SAFEGUARDS

Our dental office will "add to" and strengthen these Privacy Policies & Procedures with such additional data security policies and procedures as are needed to have reasonable and appropriate administrative,

technical, and physical safeguards in place to ensure the integrity and confidentiality of the PHI we maintain. Our dental office will take reasonable steps to limit incidental uses and disclosures of PHI made according to an otherwise permitted or required use or disclosure.

21. DOCUMENTATION AND RECORD RETENTION

Our dental office will maintain in written or electronic form all documentation required by the Privacy Rules for six years from the date of creation or when the document was last in effect, whichever is greater.

22. PRIVACY POLICIES & PROCEDURES

Only Dr. Detar or our Office Manager may change these Privacy Policies & Procedures.

23. STATE LAW COMPLIANCE

Dentistry by April Detar will comply with the privacy laws of each state that has jurisdiction over our practice, or its actions involving protected health information (PHI), that provide greater protections or rights to patients than the Privacy Rules.

24. HHS ENFORCEMENT

Dentistry by April Detar will give the U.S. Department of Health and Human Services (HHS) access to our facilities, books, records, accounts, and other information sources (including individually identifiable health information without patient authorization or notice) during normal business hours (or at other times without notice if HHS presents appropriate lawful administrative or judicial process). We will cooperate with any compliance review or complaint investigation by HHS, while preserving the rights of our practice.