

Drs. Oghalai, Krutoy & Toscano

ORAL, FACIAL & IMPLANT SURGERY

1405 Westgate Center Drive, Winston-Salem, NC 27103 | 336-765-5374
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NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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 date: September 21, 2026

YOUR RIGHTS

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 can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say no to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way, such as at a particular phone number, or to send mail to a different address. We will agree to reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations. We are not required to agree to every request and may decline a request 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 with your health plan for payment or health care operations. We will agree unless a law requires us to share it.

Get a list of those with whom we have shared information

- You can ask for an accounting of certain disclosures of your health information during the six years before your request, including who received the information and why.
- The accounting does not include certain disclosures, such as many disclosures for treatment, payment, and health care operations. One accounting in a 12-month period is provided without charge; a reasonable, cost-based fee may apply to additional requests.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you

- If someone is legally authorized to act for you, that person may exercise your rights and make choices about your health information. We will verify that authority before taking action.

File a complaint if you believe your rights are violated

- You may complain to our Privacy Officer using the contact information at the end of this notice.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference, tell us what you want us to do and we will follow your instructions when the law permits.

- You may tell us whether to share information with family, close friends, or others involved in your care, and whether to share information in a disaster-relief situation.
- If fundraising communications are used, you may tell us not to contact you again.

If you are unable to tell us your preference, we may share information when we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

Written permission is generally required for most uses and disclosures for marketing purposes, the sale of your health information, and most sharing of psychotherapy notes, if any are maintained.

SUBSTANCE USE DISORDER RECORDS

Federal law provides additional protections for certain substance use disorder patient records subject to 42 CFR Part 2.

- If we have records about you protected by 42 CFR Part 2, those records cannot be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide written consent or the use or disclosure is authorized by a court order and subpoena as required by law.
- If fundraising communications would use information from records protected by 42 CFR Part 2, you will receive clear notice in advance and a choice about whether to receive those communications.

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you, such as your dentist, physician, orthodontist, prosthodontist, or another health care professional involved in your care.

Run our practice

- We can use and share your health information to operate our practice, improve your care, and contact you when necessary.

Bill for your services

- We can use and share your health information to bill and obtain payment from health plans or other entities.

Other uses and disclosures permitted or required by law

When applicable legal requirements are met, we may also use or share health information for:

- Public health and safety activities, including preventing disease, product recalls, reporting adverse reactions to medications, reporting suspected abuse or neglect, and preventing or reducing a serious threat to health or safety.
- Health research.
- Compliance with federal or state law, including disclosures to the U.S. Department of Health and Human Services to demonstrate compliance with federal privacy law.
- Organ and tissue donation requests; work with coroners, medical examiners, or funeral directors.
- Workers' compensation, health oversight activities, certain law-enforcement requests, and special government functions.
- Court or administrative orders, subpoenas, and other legal actions when the applicable legal requirements are met.

Special protection for Part 2 records: If information is contained in substance use disorder patient records protected by 42 CFR Part 2, additional federal restrictions apply, including the restrictions on proceedings against the patient described above.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you 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 make a copy available to you.
- We will not use or share your information other than as described in this notice unless you authorize us in writing, except as otherwise permitted or required by law. You may revoke an authorization in writing, subject to applicable law.

CHANGES TO THE TERMS OF THIS NOTICE

We may change the terms of this notice, and the changes may apply to all information we have about you. The current notice will be available upon request, in our offices, and on our website.

ORGANIZATIONS AND LOCATIONS COVERED BY THIS NOTICE

This Notice of Privacy Practices applies to Drs. Oghalai, Krutoy & Toscano and its workforce at:

- **Winston-Salem:** 1405 Westgate Center Drive, Winston-Salem, NC 27103
- **Mount Airy:** 123 Rawley Ave, Mount Airy, NC 27030

QUESTIONS OR COMPLAINTS

Privacy Officer: Christy Hutchens, Office Manager

Drs. Oghalai, Krutoy & Toscano

1405 Westgate Center Drive, Winston-Salem, NC 27103

Phone: 336-765-5374

Email: chutchens@omfsurgeons.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; telephone 1-877-696-6775; or through the HHS Office for Civil Rights complaint process.