

DENTISTRY IN FRISCO
General & Cosmetic Dentistry

NOTICE OF PRIVACY PRACTICES

This notice describes how your provider uses and releases your health information, your rights concerning your health information and our responsibilities to protect your health information. Please review it carefully.

YOUR HEALTH INFORMATION RIGHTS

Your health information is the physical property of the practice or practitioner that compiled it. This information belongs to you and you have certain rights over that information. You have the right to:

- Request, in writing, a restriction on certain uses and disclosures of your health information. However, agreement of the request is not required by law, such as when it is determined that compliance with the restriction cannot be guaranteed;
- Inspect and obtain a copy of your health record as provided by law;
- Request, in writing, that your health record be amended as provided by law, if you feel the health information that we have about you is incorrect or incomplete. You will be notified if the request cannot be granted;
- Request that we communicate with you about your health information in a specific way or at a specific location. Reasonable requests will be accommodated;
- Obtain an accounting of disclosures of your health information as provided by law;
- Obtain a paper copy of this Notice of Privacy Practices on request.

OUR RESPONSIBILITIES

Your provider has certain responsibilities regarding your health information, including the requirement to:

- Maintain the privacy of your health information;
- Provide you with this notice that describes their legal duties and privacy practices regarding the information that we maintain about you;
- Abide by the terms of the notice currently in effect.

As permitted by law, your provider reserves the right to change these information privacy policies and practices and to make the changes applicable to any health information that we maintain. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, our office will provide you with the most recently revised notice on any office visit.

Uses and Disclosures of Health Information without Authorization

When you obtain services, certain uses and disclosures of your health information are necessary and permitted by law in order to treat you, to process payments for your treatment and support the operations of the entity and other involved providers. The following examples are provided in each category.

Your health information will be used for treatment:

For example: Disclosures of patient information about you may be made to referral doctors, staff members, pharmacy or laboratory who are part of treatment.

Your health information will be used for payment:

For example: Patient information about you may be disclosed so that services provided to you may be billed to an insurance company or a third party. Information may be provided to your health plan about treatment you are going to receive in order to obtain prior approval or to determine your health plan will cover the treatment.

Your health information may be used for law enforcement:

Your health information may be disclosed to law enforcement agencies to support government audits and inspections and to facilitate law enforcement investigations.

Disclosures Requiring Verbal Agreement

Unless you give notice of an objection, and in accordance with your authorization to Verbally Release Health Information, medical information may be released to a family member or other person who is involved in your medical care or who helps pay for your care. Information about you may be disclosed to notify a family member, legally authorized representative or other person responsible for your care about your location and general condition.

Disclosures Required by Law or otherwise Allowed without Authorization or Notification

The following disclosures of health information may be made according to state and federal law without your written authorization or verbal agreement:

- When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or for law enforcement. Examples would be reporting gunshot wounds or child abuse, or responding to court orders;
- For public health purposes, such as reporting information about births, deaths, and various diseases, or disclosures to the FDA regarding adverse events related to food, medications or devices;
- For health oversight activities, such as audits, inspections or licensure investigations;
- For research purposes, when the research has been approved by an institutional review board that has reviewed the research proposal and established guidelines to provide for the privacy of your health information; or the disclosure is that of a limited data set, where personal identifiers have been removed.

- To avoid a serious threat to the health or safety of a person or the public;
- For a specific government functions, such as protection of the President of the United States
- For workers compensation purposes;
- To military command authorities as required for members of the armed forces;
- To authorize federal officials for national security and intelligence activities as authorized by law;
- To correctional institutions or law enforcement officials concerning the health information of inmates, as authorized by law.

Other Allowable Uses and Disclosures without Authorization

Other uses or disclosures of your health information that may be made include:

- Contacting you to provide appointment reminders for treatment or medical care, as well as to recommend treatment alternatives;
- Notify you of health-related benefits and services that may be of interest to you;

Uses and Disclosures Requiring Authorization

Any other uses or disclosures of your health information not addressed in this Notice or otherwise required by the law will be made only with your written authorization. You may revoke such authorization at any time.

Privacy Complaints

If you would like to submit a comment or complaint about our privacy practices, you may do so by sending a letter outlining your concerns to the office.

Dentistry in Frisco
Administrator
4944 Preston Road, Suite 108
Frisco, Texas 75254

Effective Date:

This notice is effective on or after January 1, 2005.

Patient Signature or Legal Guardian

Date

Print Patient Name