

Notice of Privacy

As a provider of medical services we are required, under the **Health Insurance Portability and Accountability Act**, to inform you of your rights to protect your personal health information. As a covered entity, **we must inform all patients of their rights regardless of Insurance coverage.**

Our Duty to You

As your dental provider we will do everything within our control to maintain your records and information in a secure and private manner. We do reserve the right to change our policies, but you will be informed of any changes in advance. We will only release information, about you and your treatment under specific circumstances. These include, but are not limited to the following:

Treatment: We may use your information during the course of treatment. This includes releasing information to other dentists, physicians, other health care providers, lab technicians, and our staff. Our staff includes full and part time employees, as well as, temporary personnel.

Payment: We may disclose personal information about you and your treatment to third party carriers and payment processing entities. This includes insurance carriers, claims clearinghouses, collection agencies, and third party administrators such as employee medical reimbursement accounts.

Operations: We may use your personal information in the course of operations of our office. This may include quality assurance/quality improvement reviews, credentialing, training, and certification and accreditation activities.

Miscellaneous Uses: At certain times we may be required to use your information for other purposes than as described above. Examples of these uses include: appointment reminders (cards, voice messages, and letter), abuse/neglect, national security, family and friends (only to the extent for use in healthcare operations or payment), schools (letter excusing absence due to dental treatment or procedure), advertising, and in some cases to law enforcement and court ordered releases (coroner, worker's compensation, automobile policies, and life insurance policies).

Patient's Rights

Restrictions: You have the right to request restrictions or disclose of usage. We are not required to accept these restrictions but we will make a note of the request and honor that request if applicable.

Access: You have the right to access your personal health information. A request for access must be made in writing. You may speak to our privacy officer to schedule an appointment to view your information. You may also request a copy of your personal health information. We will charge you a fee (\$25.00) for the copies as set by the Texas State Board of Dental Examiners.

Amendment: You have the right to that we amend your personal health information. Your request must be in writing and explain what should be amended and the rationale for such a request. We have the right to deny this request if we feel that it would render your information inaccurate. We will inform you of the decision to amend your information.

Disclosures: You have the right to request a list of the times and entities to whom we have disclosed your personal health information. These disclosures are only for instances other than treatment, payment or operations. This disclosure will be given free on an annual basis if requested. We reserve the right to charge for this if requested more than once in a 12 month period.

Complaints: Please contact our privacy officer for any questions or complaints. If you feel that we have violated your privacy you can submit a written complaint to the U.S. Department Health and Human Services. We can provide you with the address upon request.

CONTINUE >>>>>

Acknowledgement of Receipt Notice of Privacy Practices

By signing below I acknowledge that I have read and understand the above Notice of Privacy Practices. I have been given the option to receive a hard copy of the **Notice of Privacy**.

Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____