NOTICE OF PRIVACY

As a provider of medical services, we are required under the Health Insurance Portability and Accountability Act (HIPAA), to inform you of your rights to protect your personal health information. As a covered entity, we must inform all patients 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 our dentists, physicians, other health care providers and our staff. Our staff includes full and part-time employees and temporary personnel.

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

Operations: We may use your personal information in the course of operation of our office. This includes 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, letters), abuse/neglect, national security, family friends (only to the extent for use in health care operations or payment), and in some cases to law enforcement and court ordered releases.

Your Rights:

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

Access: You have the right to access your personal healthy 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 for the copies made as set by Texas State Board of Dental Examiners.

Disclosure: You have the right to request a list of 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 required. We will reserve the right to charge you for this if requested more than once in a 12 month period.

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

I acknowledge that I have received and reviewed the Notice of Privacy. I agree with terms of this notice and understand my rights under this notice. By signing below, I consent for the use of my personal health information for treatment, payment, operation and other uses as described in the Privacy Notice. I also understand that I have the right not to sign this agreement.

Patient Name: _____ Date _____

Signature of Parent/Guardian: _____