



## **NOTICE OF PRIVACY PRACTICES**

*As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

**THIS NOTICE DESCRIBES HOW CERTAIN HEALTH INFORMATION ABOUT YOU, AS A PATIENT OF THIS PRACTICE, MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control our protected health information. We are required by law to give you this Notice and to maintain the privacy of your health information. We must also abide by the terms of this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time. Before we make significant changes in our privacy practices, we will change this Notice and make the new Notice available upon request.

When we give you our Notice of Privacy Practices, you will be asked to sign an Acknowledgment of Receipt. Once you have received our Notice and signed the Acknowledgment, we will use your protected health information for treatment, payment and health care operations. We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your signature on the Acknowledgment of Receipt as soon as reasonably practicable after the delivery of treatment. The following examples show the types of uses and disclosures of your protected health information that our office is permitted to make.

### **OUR USES AND DISCLOSURES OF HEALTH INFORMATION**

**For Treatment:** We may use your health information to provide you with dental treatment and related services. We may disclose your health information to other dental offices, dentists, physician offices, laboratories, providers, agencies, facilities, pharmacies, transport companies, family members, or other health care providers and their staff involved in providing health related treatment, services or care to you. For example, we may disclose your health information to a pharmacy to write a prescription for you. We may communicate with you about or recommend possible treatment options or alternatives that may be of interest to you. We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters) or informational, educational purposes or promotional materials such as practice newsletters.

**For Payment:** We may use and disclose your health information (e.g., x-rays, billing statements, etc.) to persons or entities (e.g., insurance companies, family members, third party payers, health plans) so that you (or we as the case may be) can be reimbursed for treatment and services we provide to you.

**For Healthcare Operations:** We may use and disclose your health information for our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence of health care professionals, evaluating practitioner and provider performance, conducting educational or training programs, accreditation, certification, licensing or credentialing activities or to detect or prevent health care fraud and abuse, contractual obligations, patients' claims, grievances or lawsuits, health care contracting, legal, tax, or business planning and development, business management and administration, promotional programs, the sale of all or part of Wimberley

Dental Center to another entity, underwriting, claims management and other insurance activities. We may disclose your health information to another health care provider or organization to support some of their health care operations.

**Business Associates:** We will share your protected health information with third party Business Associates that perform various activities for our practice. Whenever we disclose your protected health information to a business associate, we will have a written contract that will protect the privacy of your protected health information.

**Relatives, Caregivers and Personal Representatives:** We may disclose your health information to a family member, friend, personal representative, or other person you identify that is involved in your dental or health care or with payment for your dental or health care. Unless you have otherwise provided us the authorization to do so, before we disclose your health information to such people, we will provide you with an opportunity to object to our use or disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We may use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information. We may use or disclose information about you to notify or assist in notifying a person involved in your care, of your location and general condition.

**Health Related Benefits and Services:** We may contact you about benefits or services that we provide.

**Law Enforcement:** If asked to do so by law enforcement, and as authorized or required by law, we may release medical information: to identify or locate a suspect, fugitive, material witness, or missing person; about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death suspected to be the result of criminal conduct; about criminal conduct at Advanced Dentistry; and in case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Public Benefit:** We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit, including without limitation, for public health activities, including disease and vital statistic reporting, FDA oversight, and to employers regarding work-related illness or injury. Under the law, we must make disclosures to you and when required, to the Department of Health and Human Services when determining our compliance

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or that of other persons.

**Coroners, Medical Examiners and Funeral Directors:** In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine cause of death. We may also disclose medical information about patients of Advanced Dentistry to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may disclose your protected health information, of Armed Forces personnel when requested by Command Military Authorities. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence and other national security activities.

**Lawsuits and Similar Proceedings:** In connection with lawsuits or other legal proceedings, we may disclose health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process. We may disclose health information to courts, attorneys, and court employees in the course of litigation, arbitration, or other judicial or administrative proceedings.

**Other Uses of Health Information:** Not every specific use or disclosure of your health information is listed in this notice. Unless you provide us (or have already provided us) with separate written authorization to use or otherwise disclose certain personal or health information for certain purposes, all of the ways we are permitted to use and disclose health information will fall within one of the following categories.

## **PATIENT RIGHTS**

Your health information that we have created and maintain is the property of Wimberley Dental Center. You have the following rights, however, regarding your health information that we maintain.

**Inspect and copy your protected health information:** You have the right to look at or get copies of your health information, with certain exceptions. You may make reasonable requests that we provide copies in a format other than photocopies. We will use the format you request unless it is unduly burdensome to do so. You must make a request in writing to obtain access to your health information by sending a letter to the Privacy Officer identified at the bottom of this notice. If you request copies, we will charge you a fee for these services that may include labor, duplication costs, and postage. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we may – but are not required to – prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this notice for more information about fees

**Request alternative communications:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Request an amendment to your health information:** You have the right to request that we amend or correct your health information. Your request must be in writing. The request must explain why the information should be amended or corrected. We may deny your request under certain situations.

**Right to Disclosure Accounting:** You have the right to request a list of certain disclosures we have made of your health information. To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer identified at the bottom of this notice. That list will not include disclosures for treatment, payment, health care operations, as otherwise authorized by you, and for certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for more information about fees.

**Right to make a complaint about our privacy practices:** If you are concerned that we have violated your privacy rights, you may file a complaint with our Privacy Officer using the contact information listed at the bottom of this page. You may also file a written complaint with the Department of Health and Human Services. We will provide you with their address upon request. We will not retaliate against you for making a complaint or change the way we treat you.

**Right to Copies of This Notice:** For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice. You may request a paper copy of our notice.

## **CONTACT INFORMATION**

*If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed below.*

Wimberley Dental Center  
181 FM 3237  
Wimberley, Texas 78676  
Telephone: 512-847-8934