

YOUR RIGHTS

This notice describes how health information about you may be used and disclosed and how you can get access to this information. This section explains your rights and some of our responsibilities to help you. Please review it carefully. If you have any questions about this notice please contact our Privacy Officer.

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| Get an electronic or paper copy of your dental record | <ul style="list-style-type: none"> You can ask to see or get an electronic or paper copy of your dental 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 15 days of your request. We may charge a reasonable, cost-based fee. |
| Ask us to correct your dental record | <ul style="list-style-type: none"> You can ask us to correct your health information if you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days. |
| Request confidential communications | <ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests. |
| Ask us to limit what we use or share | <ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations. <ul style="list-style-type: none"> We are not required to agree to your request, and we may say “no” 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 for the purpose of payment or our operations with your health insurer. <ul style="list-style-type: none"> We will say “yes” unless a law requires us to share that information. |
| Get a list of those with whom we’ve shared information | <ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| Get a copy of this privacy notice | <ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. |
| Choose someone to act for you | <ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. |
| File a complaint if you feel your rights are violated | <ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting our Privacy Officer using the information on page 2. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. 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 for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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| You have both the right and choice to tell us to: | <ul style="list-style-type: none"> Share information with your family, close friends, or others involved in your care Share information in a disaster relief situation Contact you for fundraising efforts <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p> |
| We never share your information unless you give us written permission for: | <ul style="list-style-type: none"> Marketing purposes, but you have the right to have your name removed from our mailing list within 45 days of your request. Sale of your information, wherein the direct or indirect remuneration received for the sale of the information may not exceed our reasonable costs of preparing or transmitting the protected health information. |
| In the case of fundraising: | <ul style="list-style-type: none"> We may contact you for fundraising efforts, but you can tell us not to contact you again. |

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

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| Treatment | <ul style="list-style-type: none">Your protected health information may be used and disclosed by our office and others outside of our office that are involved in your dental care. We will use and disclose your protected health information to other dentist and physicians to provide, coordinate or manage your health care. For example, your protected health information may be provided to another dental specialist to whom you have been referred to ensure that the necessary information is available to diagnose or treat you. |
| Operation | <ul style="list-style-type: none">We may use or disclose your protected health information on order to support the business activities of our practice. Healthcare operations Include quality assessment activities, employee review activities, licensing or credentialing activities, conducting training and conducting auditing or review activities. For example, we may use a sign-In sheet at the reception desk where you will be asked to sign your name and indicate your doctor. We may also call your name in the waiting room when your doctor is ready to see you. We may send you reminder postcards or telephone you to remind you of your appointment. We may also send you a newsletter about our practice and the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you. |
| Payment | <ul style="list-style-type: none">Your protected health information may be used and disclosed to pay your health care bills. Your protected health Information will be used to obtain payment for services we provided to you. This may include certain activities that your insurance plan may undertake before it approves or pay for the services we recommend. |
| Business Associates | <ul style="list-style-type: none">We will share your protected health information with third party Business Associates that performs various activities for our practice. Whenever we disclose your protected health information to a business associate, we will have written contract that will protect the privacy of your protected health information. |
| Help with public health and safety issues | <ul style="list-style-type: none">We can share health information about you for certain situations such as:<ul style="list-style-type: none">Preventing diseaseHelping with product recallsReporting adverse reactions to medicationsReporting suspected abuse, neglect, or domestic violencePreventing or reducing a serious threat to anyone's health or safety |
| Comply with the law | <ul style="list-style-type: none">We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. |
| Address workers' compensation, law enforcement, and other government requests | <ul style="list-style-type: none">We can use or share health information about you:<ul style="list-style-type: none">For workers' compensation claimsFor law enforcement purposes or with a law enforcement officialWith health oversight agencies for activities authorized by lawFor special government functions such as military, national security, and presidential protective services |
| Respond to lawsuits and legal actions | <ul style="list-style-type: none">We can share health information about you in response to a court or administrative order, or in response to a subpoena. |

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know 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 give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: August 29, 2016

Privacy Officer: Brant Boling

Address: 1429 Clearlake Road, #700, Weatherford, TX 76086

Telephone: (817) 598-0853

Signed: _____

Date: _____