

Strempek Dental Arts

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Protecting your privacy and maintaining the security of your protected health information is one of the most important responsibilities of this office.

If you have any questions about this notice, please contact our **Privacy Officer**.

Our Obligations

We are required by law to:

- Maintain the privacy of protected health information, hereinafter designated “PHI”.
- Give you this notice of our legal duties and privacy practices regarding your “PHI”.
- Follow the terms of our notice that is currently in effect.

How We May Use and Disclose Health Information

Except for the following, we will use and disclose health information only with your written permission:

- **Treatment-** We may use and disclose PHI for your treatment and to provide you with treatment-related services. For example, we may disclose PHI to doctors, nurses, technicians, pharmacists, including personnel outside our office who are involved in your care and need to provide you with care.
- **Payment-** We may use and disclose PHI so that we or others may bill and receive payment from you, from an insurance company, or a third party for the treatment and services you received.
- **Operations-** We may use and disclose PHI for operational purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care, and to operate and manage our office. For example, your PHI may be shared with quality improvement personnel to evaluate the performance of our staff.
- **Appointment reminders-** We may use and disclose PHI to contact you and remind you of your appointment with us.
- **Individuals Involved in Your Care or Payment for your care-** We may use and disclose PHI with a person involved in your care such as your family or a close friend.
- **Research-** We may use your PHI for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI has approved the research.

Special Situations

- **As required by Law-** We may disclose PHI when required to do so by international, federal, state, or local law.
- **To Avert a serious Threat to Health or Safety-** We may disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Notice of Privacy Practices Effective 4/14/03

- **Business Associates-** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we use a photocopying service for medical records requests. All of our business associates are obligated to protect the privacy of your PHI and are not allowed to disclose any information other than as specified in our contract.
- **Lawsuits and disputes-** We may disclose PHI in response to a court order or subpoena only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement-** We may release PHI if requested by law enforcement official if the information is in response to a court order, subpoena, warrant, or summons.

Your Rights

You have the following rights regarding your protected health information (“PHI”):

- **Right to inspect and copy-** Your medical and billing records except for psychotherapy notes. You must make this request in writing. The charges for copying are in accordance with the Texas Medical Practice Act.
- **Right to Amend-** you may ask to amend the information when the information is in our office.
- **Right to Accounting of Disclosures-** you may have the right to request a list of certain disclosures we made of your PHI other than for treatment, payment, or disclosures with your written authorization. You must make this request in writing.
- **Right to Request Restriction-** you have the right to request a restriction or limitation on the PHI we disclose for purposes of treatment, payment, operations, or to someone involved in your care or the payment of your care, like a family member or a friend. For example, you may request that we not share information about a particular diagnosis or treatment with your spouse. This request must be made in writing. We are not required to agree to your request.
- **Right to Request Confidential Communications-** you have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. Your request must be in writing and must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to a Paper Copy of This Notice-** You may ask us to provide you with a copy of this notice at any time.

Changes to This Notice

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. This notice will contain the effective date on the top of the first page.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with your Privacy Officer or with the Department of Health and Human Services, 200 Independence Ave., SW, Washington, DC 20201. A complaint must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. Filing a complaint will not interfere with your health care at this practice.