

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2004. This notice describes how your medical and dental information may be used, and how you can get access to this information.

We are required by federal law (HIPAA – Health Insurance Portability and Accountability Act) to maintain the privacy of your health information and provide you with this Notice of our legal duties and privacy practices. We take the confidentiality of your health information seriously. This notice explains how we use, disclose, and protect your information, as well as the rights you have regarding your health records.

How We Use and Disclose Your Health Information

We may use or share your health information without written authorization for the following purposes:

Treatment

- To provide, coordinate, or manage your dental care and related services.
- To share information with physicians, specialists, dental laboratories, pharmacies, and other providers involved in your care.

Payment

- To obtain payment for the services we provide.
- To submit insurance claims, send invoices, or coordinate benefits with your dental or medical insurance.

Healthcare Operations

- For staff training, quality assessment, internal audits, and accreditation.
- For evaluating provider performance and improving services.

Appointment Reminders and Health Services

- We may contact you by phone, text, email, or mail for appointment reminders, treatment follow-up, or to inform you of services that may benefit your health.
- You may request that we stop certain types of reminders.

Required or Permitted by Law

- **Abuse or Neglect:** We may notify authorities if we believe you are a victim of abuse, neglect, or domestic violence.
- **Public Health & Safety:** We may disclose information for public health activities, such as reporting communicable diseases or drug/device side effects.

- **National Security/Military:** We may share information with authorized federal officials when required for national security or military purposes.
- **Law Enforcement:** We may disclose information to law enforcement officials when required by law or as part of an investigation.

Family, Friends, and Caregivers

- With your permission, we may share information with individuals involved in your care or payment.
- In an emergency, if you are unable to express your wishes, we may use our best judgment to share relevant information.

Other Uses and Disclosures Requiring Authorization

We will not use or disclose your health information for purposes other than those listed above without your **written authorization**. This includes:

- **Marketing** communications.
- **Fundraising** activities.
- **Sale of health information.**

You may revoke an authorization at any time in writing.

Patient Rights

You have the following rights regarding your health information:

- **Right to Restrictions:** You may request limits on how we use or disclose your information. We will honor reasonable requests and are required to honor requests to restrict disclosures to your health plan when you pay out-of-pocket in full for services.
- **Right to Confidential Communications:** You may request that we communicate with you in a specific way (e.g., sealed mail, no voicemail messages).
- **Right to Access:** You may inspect, review, and obtain a paper or electronic copy of your health records, including charts, x-rays, and billing information. Reasonable fees may apply.
- **Right to Amend:** You may request corrections to your records if you believe they are incorrect or incomplete. Requests must be in writing.
- **Right to an Accounting of Disclosures:** You may request a list of certain disclosures of your health information made by our office, other than for treatment, payment, or operations.
- **Right to a Paper Copy:** You may request a paper copy of this Notice at any time.
- **Right to Breach Notification:** You will be notified if your health information is compromised in a way that poses a risk to your privacy or security.

Changes to this Notice

We reserve the right to change our privacy practices and the terms of this Notice. Any updates will be made available in our office and on request.

Questions or Complaints

If you have questions about this Notice or believe your privacy rights have been violated, you may file a complaint with our **Privacy Officer**:

Valerie Yanez/Privacy Officer, Lead Patient Coordinator
Periodontal Surgical Arts
3423 Bee Caves Road, Suite C101
(512) 306-8822
valerie@periosurgicalarts.com

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Filing a complaint will not affect the quality of care you receive.