

METROPLEX ENDODONTICS & MICROSURGERY, P.A.

Notice of Privacy Practices

~~THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE READ CAREFULLY.~~

Section A – Private Health Information (PHI)

Each time you have contact with a healthcare provider for delivery of healthcare, a record of your contact/visit is prepared. This record, maintained in written, oral or electronic format, contains presenting signs/symptoms, results of examination and tests, diagnoses, treatment and future care. Your dental record is the physical property of Metroplex Endodontics & Microsurgery, P.A., (from here on known as “the practice”), but you have certain rights to restrict some of the uses or disclosures of the information in your record. “The practice”, however, has the right to use and disclose the information contained in your dental record in the process of providing treatment, receiving payment and performing other regular health operations such as:

- Documenting and describing the care you received for legal purposes
- Communicating with other healthcare providers who may be involved in your care
- Educating healthcare professionals
- Dental research
- Providing information for government and public health entities responsible for improving public health and welfare
- Evaluating and improving the care you receive and the outcome achieved
- Billing and verification of service provided to you
- Conducting other routine healthcare operations such as quality improvement studies and assessing healthcare provider competence

Protecting your privacy and maintaining the security of your health information is one of the most important responsibilities of “the practice”. “The practice” is required by law to maintain privacy and confidentiality of your protected health information (from here on known as PHI), provide you with this *Notice of Privacy Practices*, notify you of your rights to restrict use of this information, notify you if “the practice” is unable to agree to a requested restriction, and allow you to review the *Notice of Privacy Practices* prior to granting consent and notifying you of changes/revisions to this notice.

Section B – Examples of Disclosure of Your PHI

- Dental healthcare delivery and treatment:

Information obtained from you by a dentist, hygienist, or other healthcare professional is documented in your record and used for the assessment, evaluation, diagnosis and treatment of your dental condition(s). This information is provided to other dental professionals such as other dentists, specialists, and other dental providers following your treatment by “the practice”.

- Billing and Payment:

Your PHI is utilized to justify the level of care delivered to you and the charges incurred for the services. This information generally accompanies the bill and is sent to our payers.

- Dental Healthcare Operations:

We may use or disclose, as needed, your PHI in order to support the business activities of the “the practice”. These activities include, but are not limited to, quality assessment activities, employee review activities, training of dental students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to dental students that observe our doctors during procedures at our office. We will call you by name in the waiting room when your dentist is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment, or the need for an appointment.

- Other Uses and Disclosures:

We may use or disclose your PHI in the following situations without your authorization. These situations include: other communications and reports required to be made by healthcare professionals such as the public health department, law enforcement, the Food and Drug Administration, correctional institutions, and workers compensation, where applicable.

- Other Permitted and Required Uses and Disclosures: Will be made only with your Consent, Authorization, or Opportunity to Object unless required by law.
- You may revoke this authorization, at any time, in writing, except to the extent that "the practice" has already taken action in reliance on your prior authorization.

Section C – Your Rights Concerning PHI

- You have the right to inspect and copy your PHI
- You have the right to request a restriction of your PHI
- You have the right to request to receive confidential communications from us by alternative means or at alternative locations. You have the right to obtain a paper copy of this notice from us, upon request.
- You may have the right to have your dental healthcare professional amend your PHI.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

"The practice" is required by law to abide by the terms of this *Notice of Privacy Practices*, and will allow you to review this prior to granting consent. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Section D – Complaints

If you believe your privacy rights have been violated, you may complain to us or to the Secretary of Health and Human Services. You will need to describe in detail the manner in which you feel your privacy rights have been violated. "The practice" will not retaliate against you in any way for filing a complaint with them, or with the Secretary.

Section E – Acknowledgment And Consent Of Disclosure

By signing this form you are consenting to our use and disclosure of your health information to carry out (only) treatment, payment activities, and healthcare operations. You have the right to revoke this consent at any time by giving us written notice of your revocation by Certified Mail.

Printed Name of Patient

Signature of Patient or Responsible Party

Date Signed

Witness

This notice was published and becomes effective on/or before April 14, 2003.