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## Cosmetic & Comprehensive Dentistry

### NOTICE OF PRIVACY PRACTICES

*This notice describes how protected medical information about you may be used and disclosed and how you can gain access to this information.*

Please review it carefully.

-This practice is permitted to make use and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:

- a. For treatment- consultation, lab work, pharmacy, x-ray, etc.
- b. For payment- claim filing, collection of payment due, etc.
- c. For health care operations- chart maintenance, regulatory requirements, accounting, HIPAA compliance activities, etc.

-This practice is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization. Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization.

-This practice may engage in the following activities:

- a. This practice may contact the individual or other immediate family members to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to the individual or patient.

-The individual has the following rights regarding protected health information:

- a. The right to request restrictions on certain uses and disclosures of protected health information. However, this practice is not required to agree to a restriction request.
- b. The right to receive confidential communications of protected health information, as applicable.
- c. The right to inspect a copy protected health information, as provided in the privacy regulation.
- d. The right to amend protected health information.
- e. The right to receive an accounting of disclosures of protected health information.
- f. The right to attain a paper copy of the notice from the covered entity upon request.

-This practice is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

-This practice is required to abide by the terms of the notice currently in effect.

-This practice reserves the right to change the terms of this notice. The new notice will be effective for all protected health information.

-This practice will provide individuals or patients with a revised notice as requested.

-Individuals may file complaints with this practice and to the secretary of the department of health and human resources, without fear of retaliation, if they believe their privacy rights have been violated. Complaints can be mailed to:

HIPAA Officer:  
Dana Nicar  
2800 Kirby Drive, Suite A. 226  
Houston, TX 77098

-This notice was first in effect on April 14, 2003.

-This practice can elect to limit the uses or disclosures as it is permitted by law.

Signature of Patient/Guardian \_\_\_\_\_

Date \_\_\_\_\_