

Notice of Privacy Practices

For the Office of:

SEARS FAMILY DENTAL

Robert E. Sears, DDS R. Bradley Sears, DDS

PATIENT NAME

BIRTH DATE:

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this Notice, please contact our Privacy Officer.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We must also abide by the terms of this notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time. Before we make significant changes in our privacy practices, we will change this Notice and make the new Notice available upon request.

How We May Use and Disclose Your Protected Health Information

You will be asked to sign an **Acknowledgement of Receipt of Privacy Practices** when we give you our **Notice of Privacy Practices**. Once you have received our Notice, we will use your protected health information for treatment, payment and health care operations. Your protected health information may be used and disclosed by our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of our practice. The following are examples of the types of uses and disclosures of your protected health information that our office is permitted to make:

Treatment. We will use and disclose your protected health information to other dentists 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.

Payment. Your protected health information will be used to obtain payment for services we provide you. This may include certain activities that your insurance plan may undertake before it approves or pays for the services we recommend.

Health Care Operations. We may use or disclose your protected health information in order to support the business activities, licensing, credentialing activities, conducting training and conducting other business 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 payment. We may also call your name in the reception room when the doctor is ready to see you. We may use or disclose your protected health information to contact you to remind you of your appointment. We may send you information about treatment alternatives or products and services that may be of interest to you. We may also use your name to 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.

Business Associates. We will share protected health information with third party Business Associates that perform various activities (billing or accounting) for our practice. Whenever we disclose your protected health information to a business associate, we will have a written contract that will protect the privacy of your protected health information.

Your Written Authorization Is Required For Other Uses Of Your Protected Health Information

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that our practice as already released your health information as provided for in your authorization.

How We Will Use Your Health Information With Your Authorization or Opportunity To Object

We may use and disclose your protected health information in the following instances: (You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object (such as in an emergency) to the use or disclosure of your protected health information, then we may use professional judgment and common practice to determine whether the disclosure is in your best interest. In this case, only the protected health information that is needed to provide your health care will be disclosed.

Family Members and Friends. Unless you object, we may disclose to your family member, a close friend, or any other person you select, your protected health information to the extent necessary to help with your healthcare or with payment for your healthcare. We will also use our professional judgment and common practice to make reasonable decisions in your best interests in allowing a person to pick up dental supplies, x-rays, prescriptions or other similar forms of health information.

Other Disclosures That May Be Made Without Your Consent

Required By Law. We may use or disclose your protected health information when we are required to do so by law.

Emergencies. We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your signature on the **Acknowledgement of Receipt of Notice of Privacy Practices** as soon as reasonably practicable after the delivery of treatment. In the event of your incapacity or an emergency we will disclose your protected health information using our professional judgment, disclosing only health information that is necessary to provide your health care.

Abuse or Neglect. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible

victim of abuse, neglect or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health and safety of others.

Military Personnel and National Security. We may disclose the protected health information of Armed Forces personnel when requested by command military authorities. We may disclose to authorized federal officials, health information required for lawful intelligence, counter-intelligence and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody, the protected health information of in-mates under certain circumstances.

Required Uses and Disclosures. Under the law, we must make disclosures to you and when required, the Department of Health and Human Services when determining our compliance.

You Have the Following Rights

Inspect and Receive A Copy of Your Protected Health Information. You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will try to use the format that you request, unless we cannot practically do so. You must make the request in writing to obtain access to your health information. You may obtain access by sending us a letter using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses, recommended by the Texas State Board of Dental Examiners of \$25 for the first 20 pages and 15 cents a page thereafter. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee.

Request a Restriction of Your Protected Health Information. You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by your agreement, except in an emergency.

Request Alternative Communications. You have the right to request that we communicate with you about your health information by alternative means or to alternate locations. You must make your requests in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Receive An Accounting of Disclosures We Have Made of Your Health Information. You have the right to an accounting of disclosures of your health information that occurred after April 14, 2003. This accounting will be for purposes other than treatment, payment or health care operations, or disclosure we may have made to you, your family members or friends involved in your care. The right to receive this information is subject to some exceptions. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee.

Make A Complaint About Our Privacy Practices. If you are concerned that we have violated your privacy rights, you may file a complaint with our Privacy Officer using the contact information at the bottom of this page. You may also file a written complaint with the Department of Health and Human Service. We will provide you with their address upon request. We will not retaliate against you for making a complaint or change the way we treat you.

To Obtain A Paper Copy of This Notice From Us, simply request one from the Office Manager or Privacy Officer.

Effective Date: March 1, 2003

Privacy Officer: S. Ruth Sears

Telephone: 432 523-5405

Address: 1717 NE Mustang Drive, Andrews, TX 79714

DATE: April 26, 2017

PATIENT / PARENT / GUARDIAN SIGNATURE: