



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you maybe used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (“HIPPA”) is a federal program that requires all medical records and other individually identifiable health information, used or disclosed by us in any form, whether electronically, on paper, or orally, to be kept properly confidential. This act gives you, the patient, significant new rights concerning how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information.

As required by HIPPA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records only for each of the following purposes:

- **Treatment:** Providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include any communication with your general dentist, other dental specialist or Primary care physician.
- **Communication:** Providing information about progress of treatment to the person(s) accompanying an underage patient on their appointment, other than the legal guardian. An example would be discussing the patient’s care with Grandma who brings the patient for their appointment.
- **Payment:** Such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health Care Operations:** The business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review.

We may also create and re-distribute de-identified health information by removing all references to individually identifiable information, for example use of records for purposes of scientific studies, presentations and publications. We may contact you by phone, voice-mail, postcards, letters or email to provide appointment reminders or information about treatment alternatives or other health related benefits and services or news and events concerning our practice that maybe of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to our office:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain, and we are obligated to receive, a written acknowledgement that you have received a copy of our Notice of Privacy Practices.

This notice is effective as of August 1, 2005 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Policies and to make new provisions effective for all protected health information that we maintain. We will post and you may request a written copy of any revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal written complaint with us or with the Department of Health & Human Services Office of Civil Rights (we will provide the address upon request) about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information at:

Houston Orthodontics
8811 Frankway, Suite 3
Houston, Tx 77096
731-664-6611



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that under the Health Insurance Portability & Accountability Act of 1996 (“HIPPA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and customer service.

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

PATIENT NAME (PRINT): _____

Relationship to Patient: _____

Signature: _____

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient’s signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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