

Notice of Privacy Practices for Protected Health Information

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

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care of treatment. It also includes billing documents for those services.

Example of uses of your health information for treatment purposes:

A nurse obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another doctor. The doctor will share the information with the other doctor and obtain input. We will use your name when sending appointment reminders, and making appointment confirmation phone calls.

Example of use of your health information for payment purposes:

We submit a request for payment to your insurance company. The insurance company requests information from us regarding the care given. We will provide information to them about your, and the care given.

Example of use of your information in health care operations:

We obtain services from our laboratory, insurers or other business associates such as quality assessment, quality improvement, protocol and clinical guide lines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right:

- Request restriction on certain uses and disclosures of your health information by delivering the request in writing to our office.
- Request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request in writing to our office. You will be supervised during the inspection, and there will be appropriate fees associated with the copies made;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete incorrect information by delivering a written request to our office;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and denial be attached in all future disclosures of you protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment or operations, disclosures made to you or make at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information be made by alternative means or to an alternative location by delivering the request in writing to our office and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information of action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact our office in person or in writing, during normal business hours. She will provide you with assistance on the steps to take to exercise your rights.

Our Responsibilities

The practice is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information of File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of you information, you may contact Dr. Lisa Masters.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Dr. Lisa Masters. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

Other Disclosures and Uses

Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for our care, about your location, and about your general condition, or you death.

Communication with Family

Using our best judgement, we may disclose to a family member, or other relative, close personal friend, or any other person you identify, health information relevant to the person’s involvement in your payment for such care if you do not object or in an emergency.

Food and Drug Administration (FDA)

We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recall, repairs, or replacements.

Workers Compensation

If you are seeding compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with the laws relating to Worker Compensation.

Public Health

As required by law, we may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions

If you are an inmate of a correctional institution, we may disclose to the institution, or its agents, your protected health information necessary for your health and safety of other individuals.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight

Federal law allows us to release you protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceedings as allowed or required by law, with your consent, or as directed by a proper court order.

Other Uses

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

Website

If we maintain a website that provides information about our practice, this Notice with be on the website.

Effective Date: April 14, 2003

I, _____, hereby acknowledge that I have received a copy of this practice’s Notice of Privacy Practices, and I have been given the opportunity to ask any questions. I consent to the use of my protected health information as outlined above.

Signature Date

<p>The Masters Dental Group 7400 Blanco Rd Sutie 100 San Antonio, TX 78264 (210)349-4424</p>
