

# Notice of Privacy Practices

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How Your Health Information May Be Used and How You Can Access Your Health Information

## Uses and Disclosures of Health Information

We use and share health information about you for treatment, payment, and healthcare operations. Examples:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you, or to family and friends if you approve.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. For example, sharing information with your insurance company.

**Healthcare Operations:** We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

**Business Associates:** We may share your medical information with our business associates, such as a billing service. We will have a written contract with each business associate that requires them to protect your privacy.

**New Practice Owner:** If this practice is sold, your information will become the property of the new owner.

**Emergencies:** We may disclose your health information to a family member or another person responsible for your care, in an emergency.

**Your Authorization:** You may give us written authorization to use or share your personal health information to anyone for any purpose. You also have the right to request restrictions on the information we will share or to use alternative forms of communication to ensure your privacy.

**Required by Law:** If we are required to do so by law or national security purposes, we may use or disclose your health information

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we suspect abuse or neglect.

**Appointment Reminders:** We may use your health information to provide you with appointment reminders, such as voicemail messages, e-mail, text messages, postcards or letters.

## Patient Rights

**Access:** You have the right to review or receive copies of your health information for any reason.

**Restrictions:** If you ask us, in writing, to not use or disclose your health information as described above, we will let you know if we can fulfill your request.

**Changes or Additions:** You have the right to request, in writing, additions or changes to your health information. We may or may not make the changes you request, but will be happy to include your statement in your file. We will not remove nor alter earlier documents.

**Questions and Complaints:** If you are concerned that we may have violated your privacy rights, or you disagree with a decision we have made regarding access to your health information, please share your concerns with our Privacy Officer and we will do our best to resolve your concerns. You may also submit a written complaint to the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201. You will not be retaliated against for filing a complaint.

## Patient Acknowledgment of the above Notice of Privacy Practices

I have received a copy of this office's NOTICE OF PRIVACY PRACTICES. I consent to the use and disclosure of my personal health information by your office as outlined in the NOTICE OF PRIVACY PRACTICES.

\_\_\_\_\_  
Signature of Patient or Parent or Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date