

Notice of Privacy Practices

Sept. 23, 2013

Robertson Orchard Dental Associates, P.L.L.C

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Cheri Bumpas

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.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth; prescribing medications and faxing them to be filled; referring you to another doctor or clinic for other health care or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or dental care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are financial or billing audits; internal quality assurance, personnel decisions; participation in managed care plans; defense of legal matters, business planning and outside storage of our records. We do file claims electronically and utilize email when forwarding patient information when possible.

Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records and mental health records may be entitled to special confidentiality protections under applicable state or federal law.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, preventing injury, reporting reactions to medications or problems with products or devices, notify a person of a recall of a product or device;
- disclosures to government authorities about victims of suspected abuse, neglect or domestic violence;

- to assist in disaster relief;
- uses and disclosures for health oversight activities, such as for the licensing of doctors, for audits by Medicare or Medicaid or for investigation of possible violations of health care laws;
- disclosure for judicial and administrative proceedings, such as if you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested;
- disclosure for law enforcement purposes as permitted by HIPAA, as required by law or in response to a subpoena or court order;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death, or to funeral directors to aid in burial;
- uses or disclosures for health related research;
- uses and disclosure for national security, such as information required for lawful intelligence, counterintelligence and other national security activities;
- disclosure to military authorities the health information of Armed Forces personnel under certain circumstances;
- disclosure to correctional institution or law enforcement official having lawful custody the protected health information of a patient or inmate;
- disclosures relating to worker's compensation programs;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

Unless you object in writing, we will also share relevant information about your care with your family or friends who are helping you with your dental care. If the person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

We do not ever release your protected health information to a third party for compensation, direct or indirect.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- The law gives you many rights regarding your health information. You can:
- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to your request except in the case

where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full. If we agree to your request, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or e-mail shown at the beginning of this Notice. The request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply.

- ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address or by using e-mail to your personal e-mail address. We will accommodate these requests if they are reasonable and if you pay us for any extra cost they may incur. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have. If you want to ask for confidential communications, send a written request to the office contact person identified at the beginning of this Notice.
- ask to see or get copies of your health information. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format you request if readily producible. By law, there are a few limited situations in which we can refuse to permit access or copying. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally available. If you want to review or get copies of your health information, send a written request to the office contact person at the address, fax or e-mail shown at the beginning of this Notice.
- ask that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights. If you want to ask us to amend your health information send a written request to the office contact person at the beginning of this Notice.
- get a list of the disclosures that we have made of your health information. By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. If you want a list, send a written request to the office contact person at the beginning of this Notice.
- receive notifications of breaches of your unsecured protected health information as required by law.
- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or e-mail shown at the beginning of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office and post it on our Website.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services. We will not retaliate

against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or e-mail shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.

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ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I received a copy of Robertson Orchard Dental Associates, P.L.L.C., Notice of Privacy Practices.

Patient name (printed) _____

Signature _____ Date _____