

NOTICE OF PRIVACY PRACTICES

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.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US

A federal regulation known as the “HIPAA Privacy Rule” requires that we maintain the privacy of your health information. We are also required to give you this written Notice about our privacy practices. This Notice is long. HIPAA Privacy Rule requires us to inform you of your rights concerning your health information. The law requires that health information that identifies a patient be protected. This information is commonly referred to as “protected health information” or “PHI”. This Notice will remain in effect until it is revised and replaced.

We reserve the right to change our privacy practices and the terms of this Notice at any time. Upon making a change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of the Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose PHI about you for treatment, payment and health care operations.

Treatment: We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your PHI to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your PHI in performing business activities, which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs.

Your Authorization: In addition to our use of your PHI for treatment, payment or healthcare operation, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. Unless you give us written authorization, we cannot use or disclose your PHI to anyone for any reason except those described in this Notice.

Communication: We may contact you to remind you of appointment and to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

Individuals Involved in Care: We may disclose your PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person’s involvement in your care or payment for your care. If you are present, then prior to use or disclosure of your PHI, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose PHI based on determination using our professional judgment disclosing only PHI that is directly relevant to the person’s involvement in your healthcare. We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other forms of materials that contain PHI about you.

Marketing Health-Related Services: We will not use your PHI for marketing communications without your written consent.

OTHER USES OR DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Public Health Activities: We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health including the following:

- To prevent or control disease, injury or disability
- To report disease, injury, birth, or death
- To report child abuse or neglect
- To report reactions to medication or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to safety or effectiveness of FDA regulated products
- To locate and notify persons of recalls of products they may be using

- To notify a person who may have been exposed o a communicable disease in order to control who may be a risk of contracting or spreading the disease
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness or workplace medical surveillance

Abuse, Neglect, Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect. We may disclose you PHI to the extent necessary to avert a serious threat to your health or safety of others.

National Security: We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of PHI of inmate or patient under certain circumstances.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors so they may carry out their jobs. If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate and transplant organs in order to facilitate an organ or tissue donation.

Disclosures Required: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information with limited exceptions. You have request that we provide copies in a format other that photocopies. We will use the format you request unless we cannot practicably do so. We reserve the right to charge you a reasonable cost based fee for expenses such as copies and staff time.

Accounting: You have the right to receive a list of disclosures that we have made of PHI about you for purposes other than treatment, payment, healthcare operation and certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost based fee for responding to these additional requests.

Amendment: You have the right to request 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.

Notice: You have the right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Official listed at the end of the Notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with them upon request.

We support your right to the privacy of your health information. We will not retaliate or take action against you if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

I, _____, hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask any questions I may have regarding this Notice.

Signature

Date

CONTACT INFORMATION:

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