



## HIPAA NOTICE OF PRIVACY PRACTICES

Note: In the case of minor patients, this document and its contents applies to the child and parent/legal guardian.

### **FOR YOUR PROTECTION**

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

Each time you visit a hospital, long term care facility, healthcare provider, or other healthcare professional, a record of your visit is made. Typically, this record contains your symptoms, examination, and test results, diagnoses, treatment, and plan for future care or treatment, and billing related information. This notice applies to all the records of your care generated by the healthcare provider. If your personal provider is from a clinic other than **ASIRI FAMILY DENTISTRY**, they may have different policies or notices regarding the use and disclosure of the medical information created on you in their office or clinic.

### **OUR RESPONSIBILITIES**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

### **USES & DISCLOSURES**

The following categories describe examples of the way we use and disclose medical information:

**For Treatment:** We may use medical information about you to provide you treatment or services. We may disclose medical information about you to healthcare providers, nurses, technicians, or other personnel who are involved in taking care of you at the **ASIRI FAMILY DENTISTRY**. For example: a provider treating you for an injury may need to know if you have diabetes because diabetes may slow the healing process, or if your provider orders further assessment through another specialist, both doctors will need to discuss your treatment together. Different departments of **ASIRI FAMILY DENTISTRY** also may share medical information about you in order to coordinate the different things you may need, such as scheduling a follow-up appointment and obtaining insurance authorization. We may also provide your current provider or subsequent healthcare provider with copies of various reports that would assist him/her in treating you.

**For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. For example, we may need to give your insurance company information about your treatment so they will pay us or reimburse you. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

**For Health Care Operations:** **ASIRI FAMILY DENTISTRY** Staff members may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients/residents we serve. For example, we may combine medical information about many patients/residents to evaluate the need for new services, treatment, or equipment. We may disclose information to healthcare providers, nurses, and medical students for educational purposes.

**We may also use and disclose medical information:**

- **To business associates we have contracted with to perform the agreed upon service and billing for it;**
- **To remind you that you have an appointment for medical care;**
- **To assess your satisfaction with our services;**
- **To tell you about possible treatment alternatives;**
- **To tell you about health-related benefits or services;**
- **As required by state or federal law;**
- **For population-based activities relating to improving health or reducing health care costs;**
- **For conducting training programs and reviewing competence of health care professionals.**

**Business Associates:** There are some services provided in our clinic through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member, as designated by you, who is involved in your medical care or who helps you pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Research:** We may disclose information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Future Communications:** We may communicate to you via newsletters, mail-outs, or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community-based initiatives or activities our facility is participating in.

**Organized Health Care Arrangement:** Information will be shared as necessary to carry out treatment, payment, and health care operations. Healthcare providers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

**Affiliated Covered Entity:** Protected health information will be made available to your healthcare provider as necessary to carry out treatment, payment, and health care operations.

**As Required by Law:**

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Coroners:** We may disclose health information to coroners consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purposes of tissue donation and transplant.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product, and product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

**Law Enforcement:** We may disclose health information for law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness, or missing persons or to provide information concerning victims of crimes.

**Abuse or Neglect:** We may make disclosures to government authorities concerning abuse, neglect, or domestic violence as required by law.

## YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare facility that compiled it, **you have the right to:**

**Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We will not amend records in the following situations:

1. We do not have the records you want amended
2. We did not create the records that you want amended
3. We have determined that the records we have are accurate or complete
4. The records have been compiled in anticipation of a civil, criminal, or administrative action or proceeding.

We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial. Please note changes in addresses are not required in writing.

**An Accounting of Disclosures:** You have the right to request, in writing, information about the times we have disclosed your personal health information for any purpose other than the following exceptions:

1. Treatment, payment, or health care operations as described in the "use and disclosure" section of this notice
2. Disclosures that you or your personal representative have authorized
3. Certain other disclosures, such as disclosures for national security purposes

**Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a medication you are taking.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Request Confidential Communications:** You have the right to request that we communicate about medical matters in a certain way or at a certain location. This can be for one time or all times during your care. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. We will not request an explanation.

**A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

You may download a copy of this notice at our web site.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the clinic and include the effective date. When you come to **ASIRI FAMILY DENTISTRY** for treatment or healthcare services you will receive the current privacy practice notice. We will document the date of receipt. You can have a copy of the current notice at any time.

## **COMPLAINTS**

If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your personal health information you have the right to file a complaint trying to utilize the local resources by either:

1. Calling (832)930-7733 and asking for the Office Administrator Or
2. Filing a written complaint with the Office Administrator at:  
ASIRI FAMILY DENTISTRY  
8000 McBeth Way STE 145  
The Woodlands, TX 77382  
Attention: Office Administrator;  
Or
3. Notifying the Secretary of the U.S. Department of Health and Human Services (HHS). Send your complaint to:  
Medical Privacy Complaint Division  
Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

All complaints to the HHS must be submitted in writing.

**Please be assured that we will not take retaliatory action against you if you file a complaint about our privacy practices either with us or HHS.**

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

If you have any questions about this notice, please contact the Office Administrator.