

NOTICE OF PRIVACY PRACTICES

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, at TRADE WINDS DENTAL, P.A., recognize that protecting your privacy and confidentiality is very important. We strive to ensure information integrity and security in everything we do. The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

- Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. Personal health information may be used and shared with, but not limited to, other healthcare providers and their teams, such as doctors and specialists, and medical and/or dental labs when determining and executing the best treatment options for you. Examples of treatment would include crowns, fillings, oral hygiene services, etc.
- Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For the purposes of timely payment and collection for services rendered, we may bill your dental plan for your dental services, or submit information on delinquent accounts to collection agencies.
- Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. Examples include a periodic assessment of our documentation protocols, the use of a consultant, computer upgrades, etc.

In addition, your confidential information may be used to remind you of an appointment by phone, mail (postcard), and/or email, or provide you with information about treatment alternatives or other health-related services via phone, fax, mail, or email. Any electronic communication allows the possibility of interception of electronic protected health information. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Access to our patients' information is limited to our business associates and healthcare team who need it to adequately perform their job functions. We implement and use as many security methods possible to ensure your privacy. Examples of such measures are the use of a paper shredder to discard documents containing personal information, computer user identification codes, passwords, locks, etc. Our business philosophy and practice helps ensure that the personal health information of our patients are properly gathered, processed, and stored. We continually educate ourselves on technological advances, striving to incorporate the electronic means currently available that promote confidentiality and business efficiency for our patients. Team members who misuse such information are subject to disciplinary actions.

You have certain rights in regards to your protected health information, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to access, inspect and copy your protected health information.
- The right to request an amendment to your protected health information.
- The right to receive an accounting of disclosures of protected health information outside of treatment, payment and health care operations.
- The right to obtain a paper copy of this notice from us upon request.
- The right to obtain information in electronic form not later than 15 business days after receiving a written request, unless there is an allowable exception.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of August 29, 2012. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy Practices,
Please contact:

TRADE WINDS DENTAL, P.A.
Privacy Official • Alanna Gail
3613 Williams Drive, Suite 1001
Georgetown, TX 78628-3201
512.863.6888
info@TradeWindsDental.com

For more information about HIPAA, or to file a complaint,
Please contact:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877.696.6775 (toll-free)



TRADE WINDS DENTAL

David R. Hennington, D.D.S.

NOTICE OF HEALTH INFORMATION PRACTICES ACKNOWLEDGEMENT FORM

The attached notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please sign this cover sheet acknowledging receipt of the policy and return it to the office administrator. Review the policy carefully and let us know if you have any questions or requests.

By my signature below, I acknowledge that I have received the Notice of Health information Practices of Trade Winds, Dental, P.A. I understand that the organization reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to request restrictions as to how my health information may be used or disclosed and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

Name of Patient

Signature of Patient

Date