



**"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.**

## NOTICE OF PRIVACY PRACTICES

### **Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the Notice while it is in effect. This Notice takes effect 4.14.03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant 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 this Notice, please contact us using the information listed at the end of this Notice.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

#### **TREATMENT**

We may use or disclose your health information to obtain payment for services we provide to you.

#### **HEALTHCARE OPERATIONS**

We may use and disclose your health information in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters and business planning and development.

#### **Authorization**

We may use and disclose your health information to tell you about treatment options or alternatives or health related benefits and services that may be of interest to you.

#### **Family and Friends**

We may disclose your health information to a family member or friend who is involved with your care or payment for your care if you do not object, or if you are not present, we believe it is in your best interest to do so.

#### **Marketing Health-Related Services**

We will not use your health information for marketing communications without your written authorization.

#### **Required By Law**

We may use or disclose your protected health information when we are required to do so by law.

#### **Abuse or Neglect**

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert serious threat to your health or safety or that of other persons.

#### **Military Personnel and Nation Security**

We may disclose the health information of Armed Forces personnel when required by command military authorities. We may disclose to authorize federal officials' health information required for lawful intelligence, counterintelligence and other national security activities.

## **Appointment Reminders**

We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, voice-mail, or email.

## **Patients Rights**

### **Access**

You have the right to look at or get a copy of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. Copies will be provided at the fee of **\$25** per set requested. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information at the end of this Notice for a full explanation of our fee structure.

### **Accounting of Disclosures**

You have the right to receive and accounting of disclosures of your health information for the six year prior to the date that the accounting is requested except for disclosure to carry out treatment, payment, health care operations (and certain other exceptions as provided by HIPAA). The first accounting we provide in any 12-month period will be without charge to you. We will charge a reasonable fee to cover the cost for each subsequent request for an accounting within the same 12-month period. We will notify you in advance of this fee and you may choose to modify or withdraw your request at any time.

### **Request a Restriction of Your Protected Health Information**

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency.

### **Request Alternative Communications**

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

### **Amend**

If you believe that your health information is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances. You will receive a written notice of denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.

### **Electronic Notice**

If you receive this Notice on our website or by email, you are entitled to receive this Notice in written form.

## **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us. 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 health information 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 with the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

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

**Contact:** Stephanie Herrera, Practice Manager

**Address:** 9113 Stella Link, Suite 1 Houston, TX 77025

**Phone Number:** 713-375-1777

**Fax:** 832-383-0022

**Email:** [info@gregorypalmerdmd.com](mailto:info@gregorypalmerdmd.com)