

# Notice of Privacy Practice for W.R. Harrison, D.D.S.

## Our Legal Duty

We are required by 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 this Notice. This Notice takes effect 2/1/2003 and will remain in effect until we replace it. Provided such changes are permissible by law, we reserve the right to change our privacy practices (and the terms of this Notice) at any time. We reserve the right to make the changes in our private practice 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 this Notice at any time.

## We may use and disclose your individual health information in these ways:

**Treatment:** We may use or disclose your health information to a physician or healthcare provider.

**Payment:** We may use or disclose your health information to obtain payment for services provided to you.

**Healthcare operations:** We may use and disclose your health information in connection with our healthcare operations. Which may include quality assessment and improvement activities, evaluating performance, accreditation, certification, licensing, or credentialing activities. This may include health oversight activities, and response to legal or court administered orders.

**Your Authorization:** You may give us written authorization to use your health information or to disclose your information to anyone, for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare, but only if you agree that we may 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 health information when we are required to do so by law.

**Abuse or Neglect:** We must 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 a serious threat to your health or safety, or the health or safety of others.

**National Security:** We may disclose health information to military authorities and also to authorized federal officials required for intelligence and national security activities authorized by law.

## Patient Rights

**Confidential Communications:** You have the right to request that our practice communicate with you in a particular manner or certain location. In order to request a type of confidential communication you must make a written request to the office.

**Requesting Restrictions:** 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.

**Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, healthcare operations, or certain other activities.

**Inspection and Copies:** You have the right to inspect and obtain a copy of your health records, including medical and billing records. You must submit your request in writing. Our practice may charge a fee for the cost of copying and mailing records.

**Amendment:** You have the right to request that we amend your health information, this must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

## Questions and Complaints

If you have any questions about our privacy practices, please contact us. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. We support the right to the privacy of your health information.

Contact Privacy Officer: W. R. Harrison, D.D.S.  
3241 So. Carrier Parkway  
Grand Prairie, TX 75052  
Phone: (972) 264-2466

By signing below I, \_\_\_\_\_ acknowledge receipt of this "Notice of Privacy Practices of W. R. Harrison, D.D.S., P.C.". I also understand that if I ever have any questions or concerns about this Notice, that I may contact the office to discuss them.

Date \_\_\_\_\_

Signature \_\_\_\_\_