

# NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW PATIENT HEALTH AND DENTAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW ACCESS TO THIS PROTECTED INFORMATION MAY BE OBTAINED. PLEASE REVIEW THIS INFORMATION CAREFULLY.***

**C. Brian Herring, D.D.S. PA**, its practitioners, dental health care workers, and administrative personnel uses health information about our patients, for treatment, payment and health care operations. Our patients' health information is contained on paper and in electronic records that are the exclusive property of Dr. C. Brian Herring, D.D.S. PA. Access to this information will be disclosed on a "need to know" basis, which will be determined within the legal parameters defined in this notice.

## **Use or Disclosure of Patient Health Information**

### **For Treatment:**

C. Brian Herring, D.D.S. PA, all associates, dental health care workers, and administrative personnel may use patient health information to provide dental treatment and services. For example, information obtained from the patient, parent, legal guardian, or consulting physician which is related to treatment will be included in patient dental records. This information is necessary for the attending dentist to determine what treatment the patient should receive. Dentists will also record actions taken by them in the course of patient treatment and will document the patient's progress.

### **For Payment:**

C. Brian Herring, D.D.S. PA, all associates, dental health care workers, and administrative personnel may use and disclose patient health information to others for purposes of receiving payment for treatment and services provided. For example, the dentist may send a claim to the patient's insurance carrier. The insurance carrier determines payment to the provider based upon the dental plan benefits coverage. The information on the claim will disclose information that identifies the patient, provides personal data, and defines the diagnosis and treatment.

Patient health information may be disclosed, on a "minimum necessary" basis, to a collection agency, in the event an account becomes delinquent, for the purpose of resolving outstanding debt incurred by the patient.

### **For Health Care Operations:**

C. Brian Herring, D.D.S. PA, all associates, and administrative personnel may use and disclose health information about patients for operational purposes. For example, patient dental information may be discussed within the health care and administrative personnel for the purpose of:

- Evaluating the job performance of the staff;
- Assessing the quality of care and outcomes in patient cases and similar cases; and
- Learning how to improve services to patients

### **Confidential Communications/Appointment Reminders:**

C. Brian Herring, D.D.S. PA, all associates, dental health care workers, and administrative personnel may use patient information to provide appointment reminders or information about treatment alternatives or other dental-related benefits and services that may be of benefit to the patient. Disclosure of such information is limited by company policy to the patient, immediate family, and legal guardianship unless other written authorization is provided as required by law.

### **Confidential Communications/Appointment Reminders (Continued):**

**Patients that do not want certain treatment information, including appointment reminders and billing statements, disclosed to family members, may request confidential communication sent to a specified location or telephonically communicated to a particular telephone number. Patients may request information to be provided in a closed envelope rather than in a post card.**

**Fundraising:**

C. Brian Herring, D.D.S. PA, all associates, dental health care workers, and administrative personnel are prohibited by company policy from disclosing any patient health information for the purpose of fundraising. A patient may, however, provide authorization to disclose his/her personal health information to a charitable organization for the purpose of raising funds if so desired.

**Required by Law:**

C. Brian Herring, D.D.S. PA, all associates, dental health care workers, and administrative personnel may use and disclose patient information as required by law. For example, the dentist may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

**Public Health:**

Patient health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

**Decedents:**

Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation:**

Patient health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:**

Your dentist may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

**Health and Safety:**

Patient health information may be disclosed to avert a serious threat to the health or safety of our patient or any other person pursuant to applicable law.

**Government Functions:**

Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of protected health information.

**Workers Compensation:**

Patient health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

## **Your Health Information Rights**

### **You have the right to:**

- Request a restriction on certain uses or disclosures of your protected health information, however, C. Brian Herring, D.D.S. PA, all associates, dental health care workers, and administrative personnel are **not required** to agree to a requested restriction.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Inspect and obtain a copy of your dental records held by your dentist upon request.
- Request to amend your dental records.
- Request communications of your dental information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose dental information except to the extent that action has already been taken.
- Receive an accounting of disclosures made of your information by your dentist.

### **Complaints**

You may submit complaints to your dentist, insurance carrier and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

### **Obligations of Your Dentist**

#### **Your dentist is required to:**

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to you health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

**Your dentist reserves the right to change its privacy practices and to make new provisions effective for all protected health information it maintains. As notices are revised, copies will be mailed to you within sixty (60) days of making the change.**

If you have any questions or complaints, or if you do not want to provide your consent to your dentist, to use your protected health information for purposes of payment and/or health care operations, please submit a letter of denial to provide consent to:

**Privacy Officer**  
**C. Brian Herring, D.D.S. PA**  
3315 64<sup>th</sup> St  
Lubbock, TX 79413

C. Brian Herring, D.D.S.  
3315 64<sup>th</sup> St, Lubbock, TX, 79413  
(806)-792-6323

**Notice of Privacy Practices  
Acknowledgement of Receipt Form**

Your signature below indicates that you have been offered a copy of the C. Brian Herring, D.D.S. PA Notice of Privacy Practices. If you have any questions about the Notice of Privacy Practices, please call the Privacy Officer at (806)792-6323.

*I have been offered the Notice of Privacy Practices.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian Signature (is patient is under 18

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

C. Brian Herring, D.D.S. PA will make a good faith effort to obtain a written acknowledgement of receipt of the Notice provided to the individual. If the patient is unwilling or unable to sign this acknowledgement, C. Brian Herring, D.D.S. PA must document its good faith efforts to obtain such acknowledgement and record the reason why the acknowledgement was not obtained.

Reason: \_\_\_\_\_

Staff Signature: \_\_\_\_\_