Notice of Privacy

As a provider of medical services we are required, under the Health Insurance Portability and Accountability Act, to inform you of your rights to protect your personal health information. As a covered entity, we must inform all patients of their rights regardless of insurance coverage.

OUR DUTY TO YOU

As your dental provider we will do everything within our control to maintain your records and information in a secure and private manner. We do reserve the right to change our policies, but you will be informed of any changes in advance. We will only release information about you and your treatment under specific circumstances. These include, but are not limited to the following:

Treatment: We may use your information during the course of treatment. This includes releasing information to other dentists, physicians, other health care providers, and our staff. Our staff includes full and part time employees, as well as temporary personnel.

Payment: We may disclose personal information about you and your treatment to third party carriers and payment processing entities. This includes insurance carriers, claims clearinghouses, collection agencies, and third party administrators such as employee medical reimbursement accounts.

Operations: We may use your personal information in the course of the operation of our office. This may include quality assurance/quality improvement reviews, credentialing, training and certification and accreditation activities.

Miscellaneous Uses: At certain times we may be required to use your information for other purposes than as described above. Examples of these uses include: appointment reminders (cards, voice messages and letters), abuse/neglect, national security, family and friends (only to the extent for use in healthcare operations or payment), and in some cases to law enforcement and court ordered releases.

YOUR RIGHTS

Restrictions: You have the right to restrict or to request restrictions or disclosure usage. We are not required to accept these restrictions but will make a note of the request and honor that request if applicable.

Access: You have the right to access your personal health information. A request for access must be in writing. You may speak to our privacy officer to schedule an appointment to view your information. You may also request a copy of your personal health information. We will charge you a fee for the copies as set by the Texas State Board of Dental Examiners.

Amendment: You have the right to request that we amend your personal health information. Your request must be in writing and explain what should be amended and the rationale for such request. We have the right to deny the request if we feel that it would render your information inaccurate. We will inform you of the decision to amend your information.

Disclosures: You have the right to request a list of times and entities to whom we have disclosed your personal health information. These disclosures are only for the instances other than treatment, payment or operations. This disclosure will be given free on an annual basis if requested. We reserve the right to charge for this if requested more than once in a 12 month period.

Complaints: Please contact our privacy officer regarding any questions or complaints. If you feel that we have violated your privacy you may submit a written complaint to the U.S. Department of Health and Human Services. We can provide the address upon request.

Cashion Dental
4056 State Highway 6 South
College Station, Texas 77845

Acknowledgement of Receipt of Notice of Privacy Practices

By signing below I acknowledge that I have received or reviewed the Notice of Privacy. I agree with the terms of this notice and understand my rights under the notice. By signing below I consent to the use of my personal health information for treatment, payment and operations and other uses as described in the privacy notice. I also understand that I have the right not to sign this agreement.

Patient Printed Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____

If we are unable to get your acknowledgement then our office will make a notation as to the reason why it was not obtained.

Reason why acknowledgement was not obtained:

_____

_____

_____

Printed Staff Name: _____

Signature: _____

Date: _____