

William A. Stanley, D.D.S.
1206 Nacogdoches Road, Suite C, San Antonio, TX 78209
(210)828-0951

NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS PREPARED IN ACCORDANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, 45 C.F.R. 164.520. IT DESCRIBES HOW THE OFFICE OF **WILLIAM A. STANLEY, D.D.S.** MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THANK YOU. (EFFECTIVE APRIL 1, 2005)

This Notice describes our privacy practices. We are required by law to protect the confidentiality of your healthcare information; provide you with this Notice of our legal duties and privacy practices; and abide by the terms of our current notice of privacy practices. We reserve the right to change the terms of this notice and to make any new provisions effective for all protected healthcare information that we maintain. Patients will be provided a copy of any revised Notices upon request. A copy of the current Notice may be obtained from our office at any time.

USES AND DISCLOSURES OF HEALTHCARE INFORMATION NOT REQUIRING YOUR CONSENT

Treatment: We may use and disclose your protected health information to those involved in your treatment. Treatment may include providing, coordinating or managing services by one or more healthcare providers; consultations between providers; and referrals to other providers for treatment. Your information may be disclosed to staff, other healthcare providers, laboratories or pharmacists involved in your treatment.

Payment: We may use and disclose your health information to others for purposes of billing and collecting payment for treatment and services that we provide to you. These may include, but are not limited to, insurance companies, such as determining eligibility, managing claims, predetermination of insurance payment; collection activities to obtain payment for services; or others that are financially responsible for your treatment.

Healthcare Operations: We may use and disclose your health information to conduct activities that aid providers with quality assessment, such as evaluation and development of clinical guidelines, protocol development, case management or care coordination; to perform activities that support the practice, such as cost-management, business planning activities, engaging the services of a professional (accountant, auditor or attorney); and to measure the quality of the services we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

As Required By Law: We will disclose health information about you when required to do so by federal, state or local law. This may include but not limited to reporting healthcare information to legal authorities, such as law enforcement officials, court officials, or government agencies. We are required to report abuse, neglect, domestic violence or certain physical injuries, any wound if there is reasonable cause to believe that the wound occurred as a result of a crime.

Public Health or Safety: We may use and disclose health information about you to certain public health authorities that are authorized by law to collect information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat and only with a written request from the requesting agency.

Individuals Involved in Your Care or Payment for Your Care: We may not release healthcare information about you to a friend or a family member who is involved in your health care or payment for your care without your written permission. Healthcare information may be released without written permission to a parent, guardian or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

SPECIAL SITUATIONS

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs in order to comply with laws and regulations related to these programs.

Public Health: We may release health information, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification.

Decedents: We may disclose a deceased patient's health information, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death, in order to aid in the identification of that person.

Research: We may use and disclose your health information to help conduct research, only when the research project has been approved and established protocols to ensure the privacy of your health information.

PATIENTS RIGHTS

Restrictions on Use of Health Information: You have the right to request that restrictions be placed on certain uses of your health information to carry out treatment, payment or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

Communication: You have the right to request that we communicate with you about healthcare matters in a certain way or at a certain location. This request must be submitted in writing and specify what information you want limited. We will accommodate all reasonable requests.

Copies of Health Information: You have the right to review and/or obtain a copy of your protected health information that is maintained by this practice. Texas law requires that you request this information in writing. We will inform you when your records are ready or if we believe access should be limited. If we deny access, we will inform you of our decision in writing. There may be a reasonable fee charged for copying your records.

Amendment of Health Information: You have the right to request an amendment of your health records, as long as such information is maintained by this office. This request must be submitted in writing and under certain circumstances the request may be denied.

Disclosures of Health Information: You have the right to request an accounting of the disclosures of your protected health information. This request must be submitted in writing. This first accounting of disclosures within a 12-month period will be free. For additional copies within that period, we are permitted to charge for the cost of providing the list. If there is a charge we will notify you, and you may choose to withdraw or modify your request before any costs are incurred.

Copy of Notice: You may request and receive a paper copy of this Notice, even if you have previously received or agreed to receive this notice electronically.

PATIENT AUTHORIZATION FOR OTHER USES OF HEALTHCARE INFORMATION

We will obtain your written authorization for any use and disclosure that are not identified in this notice or permitted by law. If you choose to sign an authorization, you can later revoke that authorization, in writing, to stop future uses and disclosures; however, any revocation will not apply to disclosures or uses already made or to disclosures made in reliance on your prior authorization.

APPOINTMENT OR TREATMENT REMINDERS, TREATMENT OR OTHER SERVICES

We may contact you by telephone, mail or both, to provide appointment reminders, information about treatment or other health-related benefits or services. If we contact you by telephone and no one answers the call, it is our practice to leave a message on the telephone answering machine. If we contact you by mail, we may use a postcard instead of a sealed envelope.

COMPLAINTS

If you are concerned that your privacy rights have been violated, you may contact our privacy officer at the address provided at the end of this notice. We request that all complaints be submitted in writing. You may also send a written complain to the Department of Health and Human Services. We will not retaliate against you for filing a complaint with us or the government.

CONTACT INFORMATION

If you have any questions or complaints, or if you want to make a request pursuant to any of the rights described above, please contact our Privacy Officer at 1206 Nacogdoches Road, Suite C, San Antonio, TX, 78209; (210)828-0951.

I have received and read the Privacy Practices Notice for the office of William A. Stanley, D.D.S.

Patient Signature

Date