

# EMMANUEL DENTAL P.A.

## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

**PLEASE REVIEW THIS DOCUMENT CAREFULLY**  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US

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### 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 this Notice while it is in effect. This Notice takes effect 8/1/2003 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 changes in our privacy practices and the terms of our Notice effective for all health information that we maintain, which includes health information that we created or received before we made 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 additional copies of this document, please contact us using the information listed at the end of this Notice.

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### 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 a physician or other healthcare provider who is providing treatment for you.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide to you.
- **Health Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.
- **Your Authorization:** In addition to the use of your health information for treatment, payment, or healthcare operations, you may give us a written authorization to use your health information or to disclose it to anyone for any purpose. If you give us 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, as described in the Patient Rights section of this Notice. We may use or disclose your health information to a family member, friend, or other person who may help with your healthcare needs or with your healthcare payments only if you agree that we may do so.
- **Persons Involved In Care:** We may use or disclose your health information to notify or assist in the notification (including identifying or locating) of a family member, your personal representative, or another person responsible for your care, your location, or your general health condition. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses and disclosures. In the event of your incapacity or an emergency circumstance, we will disclose your health information based on a determination using our professional judgement disclosing only the health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick-up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.
- **Marketing Health-Related Services:** We will not use your health information for marketing purposes without your authorization.
- **Required by Law:** We may use or disclose health information when we are required to do so by law.
- **Abuse or Neglect:** We may disclose your health information to appropriate parties if we have a reason to believe that you are a possible victim of abuse, neglect, domestic violence, or any other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health and safety, or the health and safety of others.
- **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose health information to authorized federal officials for lawful intelligence, counter intelligence, or any other national security activities. We may also disclose your health information to a correctional institution if deemed necessary.
- **Appointment Reminders:** We may use or disclose your health information provide you with appointment reminders (such as voicemail messages, postcards, or letters).

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## PATIENT RIGHTS

- **Access:** You have the right to look at or get copies 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 practically do so. **You must make a request in writing to obtain access to your health information.** You may obtain a form to request access to your health information by using the contact information listed at the end of this Notice by phone, email, or mail. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request copies, we will charge you \$2.00 for each page, \$25.00 for staff time to locate and copy your health information, and the price of a postage stamp if you want the copies mailed to you. 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 listed at the end of this Notice for a full explanation of our fee structure.
  - **Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, healthcare operations, and other certain activities for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you reasonable cost-based fee for these additional requests.
  - **Restriction:** 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; if we do so, we will abide by our agreement (except in an emergency).
  - **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or sent to alternative location. You must make your request in writing and specify the alternative means or location. You must also provide reliable information on how payments will be handled under the alternative means or location you request.
  - **Amendment:** You have the right to request that we amend your health information. Your request must be made in writing, and it must explain why the information must be amended. We may deny your request under certain circumstances.
  - **Electronic Notice:** If you receive this Notice on our website or electronic mail (e-mail), you are entitled to receive this Notice in written form as well.
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## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us via the contact information below.

If you are concerned that we may have violated your privacy rights, disagree with a decision we made about access to your health information, want to respond to a request you made to restrict the disclosure of your health information, or want to change how we communicate with you by alternative means or at an alternative location, you may file a complaint using the contact information listed at the end of this Notice. You may also submit a written complaint to 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 rights to the privacy of your health information. We hold the right to contest any complaints that are filed with us or with the U.S. Department of Health and Human Services.

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## CONTACT INFORMATION

Telephone: (972) 238-7233

Fax: (972) 238-8993

Email: [smile@drpramod.com](mailto:smile@drpramod.com)

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