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NOTICE OF PRIVACY PRACTICES

Our Promise

It is our desire to communicate to you that we are taking the new federal (HIPAA – Health Insurance Portability & Accountability Act) laws written to protect the confidentiality of our health information seriously.

We will use and communicate your Health Information only for the purposes of providing your treatment, obtaining payment or conducting healthcare operations. Your health information will not be used for other purposes unless we have asked for and voluntarily been given your written permission.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health 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 _____(MM/DD/YEAR) and will remain in effect for one year proceeding your original written authorization.

Uses & Disclosures of Health Information

Treatment: We may use or disclose your health information to a physician or other healthcare provider involved in your treatment. In addition, we may contact you to provide appointment reminders or info about treatment options.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. We may also disclose your health information, to whomever is documented as primarily responsible for paying for your treatment (such as a spouse or parent).

Healthcare 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 and credentialing activities.

Your Authorization: You may give us written authorization to use your health information or to disclose it 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

previous use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reasons 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 disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree in writing on the patient disclosure/release of information authorization form.

Persons Involved in Care: We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care as to your location, your general condition, or death. 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 use or disclosure. In the event of your incapacity or emergency circumstances, we will disclose your health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. We also use our professional judgment 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: We will not use your health information for marketing communications without your written consent. We must also obtain your written permission prior to using your health information and or picture on our website.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to the 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 to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials the health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of an inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

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 practicably do so. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. By law, we have 30 days to prepare and provide you with a copy of your records.

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, payment, healthcare operations and certain other activities.

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, but if we do, we will abide by our agreement (except in an emergency).

Alternate Communication: You have the right to request that we communicate with you about your health information by alternate means or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location requested (must be in writing).

Amendment: You have the right to request that we amend your health information. The amendment must be in writing with an explanation of why you are requesting the amendment. For example: billing records and other records used to make decisions about your treatment and payment for your treatment. We will comply with your request, unless we believe that the information that would be amended is correct and complete or that other circumstances apply.

Signed: _____

Date: _____