

Notice of Privacy Practices

Dan J. Hoang, DDS, PA

(This copy is for you to keep)

Effective: April 1, 2003

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Dear Patient:

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record, PHI (Protected Health Information), contains your health condition, diagnoses, treatment, a plan for future treatment, and billing-related information. This Notice applies to all of the records of your care generated by the dental office.

We are required by law (HIPPA – Health Insurance Portability and Accountability Act) to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this Notice.

How your Protected Health Information (PHI) may be used

To Provide Treatment:

We may disclose your PHI to your insurance provider, our dentist(s), and other dental care providers for treatment purposes. For example, your dentist may wish to provide a dental service to you but first seeks information from your insurance provider as to whether the service has been previously provided. Or we may have to send your PHI to specialists whom we are referring you to.

To Obtain Payment:

We may disclose your PHI in order to fulfill our duty to check your coverage, determine your benefits, and secure payment for services provided to you. For example, we may include your PHI with an invoice used to collect payment for treatment you receive in our office and to request process of your claims by your insurance provider.

To Conduct Health Care Operations:

We disclose your PHI as a part of certain operations, such as quality improvement. For example, we may use your PHI to evaluate the quality of dental services that were performed. We may be asked by the sponsor of your health plan to provide your PHI to the sponsor. If we are asked to do so, we intend to honor such requests unless we are prohibited by law.

In Patient Reminders:

Because we believe regular care is very important to your oral and general health, we will remind you a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family. These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventive and restorative care modern dentistry can provide. They may include postcards, letters, telephone reminders or electronic reminders such as email, and text messages (unless you tell us that you do not want to receive these reminders)

As required by law:

We may use or disclose your PHI without your authorization for public health purposes, auditing purposes, research studies, and emergencies.

Law Enforcement / Legal Proceedings

As permitted or required by State or Federal law, we may disclose health information for law enforcement purposes in response to a valid subpoena.

Public Health and National Security

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

Family, Friends, and Caregivers

We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

Authorization to Use or Disclose Health Information: Other than is stated above or where Federal, State, or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

Patient Rights

Your Protected Health Information Rights: Although your health record is the physical property of the dental practice, you have the right to request a restriction or limitation on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

Confidential Communications: You have the right to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

Inspect and Copy Your Health Information: You have the right to read, review, and copy your health information, including your complete chart, x-rays and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

Amend Your Health Information: You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Thank you very much for taking time to review our Health Information privacy practices. If you have any questions about this notice, please contact:

Dan J. Hoang, DDS, PA
1205 Clear Lake City Blvd., Houston, TX 77062. **Tel:** 281.488.1477

