

Trussville Dental Arts NOTICE OF PRIVACY PRACTICES

This Notice Describes How Health Information About You May be Used and Disclosed And How You Can Gain Access To This Information.

PLEASE REVIEW IT CAREFULLY

**THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US
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. This notice takes effect April 14, 2003.

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. Any changes will be made available to you.

You may request a copy of our privacy notice at any time.

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 providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

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 or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, 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 use or disclosures permitted by your authorization while it was in effect.

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 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 health information required for lawful intelligence, and other national security activities. We may disclose to

correctional institution or law enforcement official having lawful custody of protected health information of 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.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information

should be amended. We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

We support your right to the privacy of your health information. If you are concerned that we may have violated your privacy rights, or you disagree with a

decision we made about access to your health information, you may complain to us using the contact information listed at the end of this notice.

Contact Officer:

Brooke Abbruzzo, Practice Manager

7040 Gadsden Hwy, Suite 112

Trussville, AL 35173

Office Number- 205-655-7645

Fax Number: 205-655-2200