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## **NOTICE OF PRIVACY POLICY AND PRACTICES**

### **DEAR PATIENT:**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **INTRODUCTION:**

At Michael T. Mason, DDS, PA we are committed to responsibly treating and using protected information about you. This notice describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected dental health information. This notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

### **UNDERSTANDING YOUR DENTAL HEALTH RECORD INFORMATION:**

Each time you visit our office, a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, treatment as well as other pertinent dental health data. This information, often referred to your dental record, serves as a:

- \*Basis for planning your care and treatment
- \*Means of communication with other healthcare professionals involved in your care
- \*Legal documentation outlining and describing the care you received, a tool that you or another payor (your insurance company) will use to verify that services billed were actually provided
- \*A tool that we can reference to insure the highest quality of care and patient satisfaction

Understanding what is in your record and how your dental health information is used helps you insure its accuracy, determine what entities have access to your health information and make an informed decision when authorizing the disclosure of this information to other individuals.

### **YOUR RIGHTS:**

You have certain rights under the federal privacy standards. These include:

- \*The right to request, in writing, restrictions on the use and disclosure of your protected health information
- \*The right to receive confidential communications concerning your health and treatment
- \*The right to amend or submit corrections to your protected health information
- \*The right to receive a printed copy of this notice

### **OUR RESPONSIBILITIES:**

Our office is required to:

- \*Maintain the privacy of your health information
- \*We are required by law to provide you with this notice as to our legal duties about privacy practices with respect to information we collect and maintain about you
- \*Abide by the terms of this notice
- \*Notify you if we are unable to agree to a requested restriction and acknowledge revisions with notifications
- \*Accommodate reasonable requests you may have regarding communication of health information via alternative means and locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies may be required by changes in federal and state laws and restrictions. Any updates will be posted in our office. We will not use or disclose your health information without your authorization, except as described in this notice.

### **HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION:**

*We may use your health information for treatment.* Your health information may be used by team members or disclosed to other healthcare professionals for the purpose of evaluating your dental health, diagnosing health conditions and providing treatment.

*We will use your information for payment.* Your health plan may request and receive information on dates of service, the services provided and the condition being treated in order to pay for the services rendered to you.

*We will use your information for regular health operations.* Your health information may be used as necessary to support day-to-day activities and management of our office. For example: information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

*Business associates.* In some instances, we have contracted separate entities to provide services to us. These "associates" require your health information in order to accomplish the tasks we ask them to provide. Some examples of these "business associates" might be a collection agency, answering service and computer software provider.

*Communication with family.* Due to the nature of our field, we will use our best judgment (ex: emergency situations) when disclosing health information to a family member, other relatives or any other person that is involved in your care or you have authorized to receive this information. We will ask patients 18 years and older to sign a consent to release information to anyone other than themselves.

*Healthcare oversight.* Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney or other federal/state appointee if there are circumstances that require us to do so.

*Law enforcement.* Your health may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.

*Appointment reminders.* This practice may use your information to remind you about upcoming appointments. Typically appointment reminders are brief, non-specific messages that may be left on your answering machine or voicemail. This practice also utilizes reminders via US Mail in the form of postcards and letters.

*Other uses and disclosures.* Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us, in writing, of your decision.