

Mark Holcomb, DDS
Clear Lake Oral and Maxillofacial Surgery
17448 Hwy 3, Ste 170
Webster TX 77598
281-338-7700

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH/DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH/DENTAL INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health/dental information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health/dental information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we feel the need to 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 the changes in our privacy practices and the new terms of our Notice effective for all health/dental information that we maintain, including health/dental information we created or received before we made the 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 for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH/DENTAL INFORMATION

We use and disclose health/dental information about you for treatment, payment, and healthcare operations. **For example:**

Treatment: We obtain treatment information about you and record it in a health record this includes your symptoms, tests/test results, diagnoses, recommended treatment and treatment rendered. During this course of your treatment our office may use or disclose your health/dental information to a physician/dentist or other healthcare provider providing care/ treatment to you.

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

Your Authorization: In addition to our use of your health/dental information for treatment, payment or healthcare operations, you may give us written authorization to use your health/dental 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. Unless you give us a written authorization, we cannot use or disclose your health/dental information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health/dental information to you, as described in the Patient Rights section of this Notice. We may disclose your health/dental information to a family member, friend or other person to the extent necessary to help with your healthcare/dental care or with payment, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health/dental information to notify/assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location and your general condition. If you are present, then prior to use or disclosure of your health/dental information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health/dental information based on a determination using our professional judgment disclosing only health/dental information that is directly relevant to the person's involvement in your healthcare. We will 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 prescriptions, x-rays, or other similar forms of health /dental information.

Marketing Health/Dental Related Services: We will not use your health/dental information for marketing communications without your written authorization.

Judicial/Administrative Proceeding: We may disclose your protected health/dental information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Abuse or Neglect: We may disclose your health/dental 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/dental information to the extent necessary to avert a serious threat to your health/safety or the health/safety of others.

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

PATIENT RIGHTS: The health record we maintain and billing records are the physical property of this practice. The information in it, however, belongs to you. **Access:** You have the right to look at or get photocopies of your health/dental information, with limited exceptions. You must make a request in writing to obtain access to your health /dental information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health/dental information. You must make your request in writing. We are not required to agree to these additional restrictions, but if we do, 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/dental information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation.

Amendment: You have the right to request that we amend your health/dental 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

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

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/dental information or in response to a request you made to amend or restrict the use or disclosure of your health/dental information or to have us communicate with you by alternative means or at alternative locations, you may complain to us by contacting our office manager at 281-338-7700. You also may 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.

NOTICE effective date: April 14, 2003, Revision I

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