

# TYLER ORAL & FACIAL SURGERY CENTER, INC.

## Summary of Privacy Practices

This summary of our privacy practices is a condensed version of our Notice of Privacy Practices.

Date of Last Revision: 01/31/03

Effective Date: Immediately

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

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As your patient, we created medical records about your health, our care for you, and the services and/or items we provide to you as our patient. By law, we are required to make sure that your protected health information is kept private.

State law permits both parents to have access to Protected Health Information unless we are provided a court order restricting this right.

How will we use or disclose your information? Here are a few examples (for more detail please refer to the full-length Notice of Privacy Practices):

- ✓ For medical treatment
- ✓ To obtain payment for our services
- ✓ In emergency situations
- ✓ For appointment and patient recall reminders
- ✓ To run our Practice more efficiently and ensure all our patients receive quality care

- ✓ For research
- ✓ To avert a serious threat to health or safety
- ✓ For organ and tissue donation
- ✓ For workers' compensation programs
- ✓ In response to certain requests arising out of lawsuits or other disputes

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our office manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You have certain rights regarding the information we maintain about you. These rights include:

- ✓ The right to inspect a copy
- ✓ The right to amend
- ✓ The right to an accounting of disclosures

- ✓ The right to request restrictions
- ✓ The right to a paper copy of this notice
- ✓ The right to request confidential communications

For more information about these rights please see the full-length Notice of Privacy Practices that may be made available upon request.

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Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

The Practice provides this information to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- ✓ Protected health information may be disclosed or used for treatment, payment, or health care operations
- ✓ The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice
- ✓ The Practice reserves the right to change the Notice of Privacy Policies
- ✓ The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions
- ✓ The Practice may condition treatment upon the execution of this Consent

Appointment and Patient Recall Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving an e-mail, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others.