

Renaissance Dental Studio Notice of Privacy Practices

Effective: April 14, 2003

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

We understand that medical information about you and your health is personal. Renaissance Dental Studio is required by law to maintain the privacy of your health information. However, the law permits Renaissance Dental Studio to use or disclose your health information for the following purposes without your authorization.

How Renaissance Dental Studio May Use or Disclose Your Health Information

Renaissance Dental Studio protects the privacy of your health information. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits Renaissance Dental Studio to use or disclose your health information for the following purposes without your authorization.

- **Treatment:** We may use or disclose your health information to a physician or other healthcare providing treatment to you.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide to you.
- **Healthcare Operation:** We may use and disclose health information in connection with our healthcare operations. Also, we may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.
- **Abuse or Neglect:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be only to a person able to help prevent a threat.
- **As Required by Law:** We will disclose health information about you when required to do so by Federal and State Law.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or administrative order. We may disclose information about you in response to a subpoena or other lawful process, but only if efforts have been made to tell you about the requests.
- **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligences, counterintelligence 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 materials or appointment reminders via voice-mail, text messaging, postcards or letters unless you provide us with alternative instructions.

When Renaissance Dental Studio May Not Use or Disclose Your Health Information

Except as described in the Notice, Renaissance Dental Studio will not use or disclose your health information without your written authorization. If you do authorize Renaissance Dental Studio to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

You Have the Following Rights with Respect to Your Health Information

- You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to the restrictions that you request. If we do agree to any restrictions, we will put the agreement in writing and follow it except in emergency situations. We cannot agree to limit the disclosure of any information that is required by the law.
- You have the right to inspect and copy your health information as long as our office maintains the health information. To inspect a copy of your records, you must submit a request in writing. We may charge a fee for the costs of copying, mailing or supplies necessary to grant your request. In certain limited situations, we may deny your request. If your request is denied, you may request that the denial is reviewed.
- You have the right to request that we amend or correct any health information that is incorrect and/or incomplete. To request an amendment, you must submit a request in writing along with the reason for the request. We are not required to amend health information that is accurate and complete.
- You have the right to receive an accounting of disclosure of your health information we have made after April 14, 2003 for purposes other than disclosure (1) for payment, treatment, or health care operations (2) to you or based upon your authorization (3) for certain government functions. You must submit your request in writing.
- You may request communication of your health information by alternative means or at alternative locations. You may request that we contact you only in writing or at a different residence or post office box. To request confidential communication of our health information, you must submit a written request. We will accommodate all reasonable requests.

Changes to this Notice of Privacy Practices

Renaissance Dental Studio reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. Any revised Notice will be posted in our office. Upon request we will provide a revised Notice to you.

Questions or Complaints

If you have questions or would like additional information, you may contact the Compliance Officer at Renaissance Dental Studio, 11101 Hefner Pointe Drive, Suite 100, Oklahoma City, OK 73120 or phone (405) 749-1588. If you believe your privacy rights have been violated, you can file a complaint with the Compliance Officer at the above address, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Renaissance Dental Studio

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of this office's Notice of Privacy Practices.

Print Name

Signature

Date

For Office Use Only

We attempt to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refuses to sign.
 - Communication barriers prohibited obtaining the acknowledgement.
 - Emergency situation prevented us from obtaining acknowledgement.
 - Other (Please Specify)
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