

BRIAN L. HOCHSTEIN, D.D.S., P.A.

NOTICE OF PRIVACY PRACTICES

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

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individual following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 09/01/2019 and will remain in effect until we 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, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice and place the new Notice clearly and prominently in our practice location, and we will provide copies of the new notice upon request.

You/Parent/Guardian may request copies of this 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.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU OR YOUR CHILD

We may use and disclose your or your child's health Information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and example. Some information, such as HIV-related information, genetic information, alcohol and or substance abuse records and mental health records may be entitled to special confidentiality protections under applicable state and federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

Treatment. We may use and disclose your/child's health information for treatment. For example, we may disclose health information to a specialist providing treatment.

Payment. We may use and disclose your/child's health information to obtain reimbursement for the treatment and services received from us. Payment activities include billing, collections, claims management and determination of eligibility and coverage to obtain payment from you, an insurance company or another third party. For example, we may send claims to your dental health plan containing certain health information.

Healthcare Operations. We may use and disclose health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

Individuals Involved in Care or Payment of Care. We may disclose health information to family or friends, or any other individual identified by you/parent/guardian when they are involved in your/child's care or in the payment for that care. Additionally, we may disclose information about your/child's to a patient representative. If a person has the authority by law to make health care decisions for you/child, we will treat that patient representative the same way we would treat you/child with respect to the health information.

Disaster Relief. We may use or disclose health information to assist in disaster relief efforts.

Required by Law. We may use or disclose health information when we are required to do so by law.

Public Health Activities. We may disclose health information for public health activities, including disclosures to:

- *Prevent or control disease, injury or disability;
- *Report child abuse or neglect;
- *Report reactions to medications or problems with products or devices;
- *Notify a person of a recall, repair, or replacement of products or devices;
- *Notify a person who may have been exposed to a disease or a condition; or
- *Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

National Security. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal official's information required by law for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of the protected health information of an inmate or patient.

Secretary of HHS. We will disclose your/child's health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Worker's Compensation. We may disclose your/child's PHI to the extent authorized by and the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Law Enforcement. We may disclose PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities. We may disclose PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you/parent/guardian are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose health information about you/child in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research. We may disclose PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify the deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Fundraising. We may contact you/parent/guardian to provide information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out receiving the communications.

OTHER USES AND DISCLOSURES OF PHI

Your/parent's/guardian's authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain written authorization before using or disclosing PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI, except to the extent that we have already taken action in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHTS

Access. You/Parent/Guardian have the right to look at or get copies of your/child's health information, with limited exceptions. Request must be made in writing. Form to request access may be obtained by using the contact information listed at the end of this Notice. If information requested is maintained on paper, we may provide photocopies. If requested information is maintained electronically, you/parent/guardian have the right to an electronic copy. We will use the form and format requested if readily producible. We may charge a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if copies are to be mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you/parent/guardian are denied a request for access, you/parent/guardian have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting. With the exception of certain disclosures, you/parent/guardian have the right to receive an accounting of disclosures of health information in accordance with applicable laws and regulations. To request an accounting of disclosures of health information, request must be submitted in writing to the Privacy Official. If a request for this accounting is more than once in a 12-month period, we may charge a reasonable, cost-based fee for responding to the additional requests.

Right to Request a Restriction. You/Parent Guardian have the right to request additional restrictions on our use of disclosure of PHI by submitting a written request to the Privacy Official. The written request must include (1) what information you/parent/guardian want to limit, (2) whether you/parent/guardian want to limit our use, disclosure or both, and (3) to whom you/parent/guardian want the limits to apply. **We are not required to agree to the request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you/parent/guardian or other person on your behalf (other than the health plan), has paid our practice in full.**

Alternative Communication. You/Parent/Guardian have the right to request that we communicate with you/parent/guardian about health information by alternative means or at alternative locations.

You/Parent/Guardian must make the request in writing. The request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you/parent/guardian using the ways or locations requested, we may contact you/parent/guardian using the information we have.

Amendment. You/Parent/Guardian have the right to request that we amend the health information. The request must be in writing, and it must explain why the information should be amended. We may deny the request under certain circumstances. If we agree to the request, we amend the record(s) and notify you/parent/guardian of such. If we deny the request for an amendment, we will provide you/parent/guardian with a written explanation of why we denied it and explain your/child's rights.

Right to Notification of a Breach. You/Parent/Guardian will receive notifications of breaches of the unsecured protected health information as required by law.

Electronic Notice. You/Parent/Guardian may receive a paper copy of this Notice upon request, even if you/parent/guardian have agreed to receive this Notice electronically on our Web site or by electronic mail (email).

QUESTIONS AND COMPLAINTS

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

If you/parent/guardian are concerned that we may have violated your/child's privacy rights, or if you/parent/guardian disagree with a decision we made about access to health information or in a response to a request made to amend or restrict the use or disclosure of health information or to have us communicate with you/parent/guardian by alternative means or at alternative locations, you/parent/guardian may complain to us using the contact information listed at the end of this Notice. You/Parent/Guardian also may submit a written complaint to the U. S. Department of Health and Human Services. We will provide the address to file the complaint with the U. S. Department of Health and Human Services upon request.

We support you/child's right to the privacy of your/child's health information. We will not retaliate in any way if you/parent/guardian choose to file a complaint with us or with the U. S. Department of Health and Human Services.

Our Privacy Official: Martha G. Maldonado Address: 2244 S. Buckner Boulevard Dallas, Texas 75227

Telephone: 214-381-0663

Fax: 214-381-1429

Email: dallas@smileteam4kids.com