

Harmony Dental Wellness Notice of Privacy Practice

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Protecting your personal health information (PHI) is important to us. We are required by law to maintain the privacy of protected health information and take this responsibility seriously. This Notice is effective 7/31/2018 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. When we make a significant change in our privacy practices, we will change this Notice and will provide copies of the new Notice upon request. Our privacy policy is shown below.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for several purposes, including treatment, payment and health care operations. For each of the categories, we have provided a description and an example.

Treatment - We may use and disclose your health information to process insurance for the treatment and services you receive from us. Payment activity also includes determinations of eligibility and coverage to obtain payment for your care. Additionally, we may disclose information about you to a patient representative if a person has the authority by law to make health care decisions for you.

Healthcare Operations - We may use and disclose your 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 Your Care or Payment for Your Care - We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Required by Law - We may use or disclose your health information when we are required to do so by law and/or to assist in disaster relief efforts.

Public Health Activities - We may disclose your 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 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 an authorized federal official authorities under certain circumstances.

Secretary of HHS - We will disclose your health information to the Secretary of the US Department of Health and Human Services whenever required regarding compliance with HIPAA.

Worker's compensation - We may disclose your PHI when authorized and necessary to comply with worker's compensation or other similar programs established by law.

Law Enforcement - We may disclose your PHI for law enforcement purposes, as permitted by HIPAA, as required by law, or in response to a subpoena, discovery request or court order. If this request is concerning a lawsuit or dispute you are involved in, we will make efforts to tell you about the request.

Health Oversight Activities - We may disclose your PHI to an oversight agency, such audits, inspections, and credentialing as necessary for licensure and government monitoring of the health care system.

Coroners, Medical Examiners, Psychotherapy - We may disclose your PHI if necessary and consistent with applicable law.

PATIENT RIGHTS

Access - You have the right view or get copies of your health information, with limited exceptions. You must make the request in writing. We will charge you a reasonable fee for the cost of supplies and labor of copying and for postage.

Disclosure Accounting - With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws.

Right to Request a Restriction - You have the right to request additional restrictions regarding the use of your PHI by submitting a written request. The request must include what information you want to limit, whether you want to limit our use, disclosure or both, and to whom the limits apply. We are not required to agree except in the case where the plan is 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, or a person on your behalf (other than the health plan), has paid our practice in full.

Amendment - You have the right to request in writing that we amend your health information. If we agree, we will amend your record(s). If not, we will provide you with a written explanation.

Notice of Breach - You have a right to receive notification of breaches of your unsecured PHI as required by law should one occur.

Questions and Complaints - We take your privacy seriously and take every effort to protect your information. You may print a copy of this notice or request a copy at any time.

Please contact us in writing if you have a question or complaint. You may also contact the Secretary of Health and Human Services if you believe your privacy rights have been compromised.

Written requests should be submitted to:

Privacy Officer, Harmony Dental Wellness
3818 Spicewood Springs Road #100
Austin, Texas 78759