

Coastal Pediatric Dentistry

Ginger B. Stagg, D.D.S.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (OR YOUR MINOR CHILD) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

USES AND DISCLOSURES OF HEALTH INFORMATION

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

TREATMENT: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. We may also use or disclose your health information with our healthcare operations including quality assessment and improvement activities.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide to you, i.e. Insurance Companies.

YOUR AUTHORIZATION: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us this authorization, you may revoke it in writing at any time. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

TO YOUR FAMILY AND/OR PERSONS INVOLVED IN CARE: We must disclose your health information to you. 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. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in you or your child's healthcare. We will also use our professional judgment and experience associated with appointment updates, oral health care, and orthodontic treatment. In subject of a minor's care, we would need four additional contacts that might be involved with these updates and/or transportation of said minor. This should be noted on Acknowledgement of Receipt of Notice of Privacy Practices.

MARKETING HEALTH-RELATED SERVICES: We will not use your health information for marketing communications without your written authorization.

REQUIRED BY LAW: We may use or disclose your health information when we are required by law.

We may also disclose your health 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 information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

ACCESS: You have the right to look at or get copies of your health information, with limited exceptions.

You may request that we provide copies in a format other than photocopies. Requests for records must be in writing; our office will provide records within 30 days of request. Information for transferring patients will be given provided the patient's account is current.

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

AMENDMENT: You have the right to request that we amend your health 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 information, you may complain to us using the contact information listed at the end of this Notice. 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.

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

Contact Officer: Mary Gonzalez

Telephone: 979-297-5437

Fax:

Address: 103 Abner Jackson Pkwy Lake Jackson, TX 77566

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

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

In subject of minor child _____, I have listed below four persons who might be involved in his/her dental updates and/or transportation.

1. _____ 3. _____

2. _____ 4. _____

Please print name

Signature

Date

**** For office use only**** We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign Communication barriers prohibited obtaining the acknowledgement
 An emergency situation prevented us from obtaining acknowledgement Other _____