



Notice of Privacy Practices

This describes how health data about you may be used, shared and how you can get access to this data.

- I. How we may use your health data about you:
 - a. Treatment- We may use or share your health data to give you medical/dental or other types of health related services.
 - b. Payment- We may use or share your health/dental data to bill you or a third party for payment of services rendered to you.
 - c. Health Care Operations- We may use and share health/dental data about you for our own operations such as quality control, compliance monitoring, outcome evaluation, audit, etc.
- II. Disclosures Where it is not needed for approval or denials by you the patient:
 - a. To you
 - b. As required by Federal, State or Local Law
 - c. If child abuse or neglect is suspected
 - d. Public Health risks for public health activities to prevent and control spread of disease.
 - e. Lawsuits and disputes in response to a court or administrative order.
 - f. Law Enforcement officials needing health information relating to criminal activities.
 - g. Coroners, Medical Examiners, and Funeral Directors.
 - h. Organ or Tissue donation facilities if you are an organ donor.
 - i. To avert a threat to individual or public health or safety.
- III. Disclosures where we give you a chance to agree or object:
 - a. Patient release to give information to an individual or to another dentist if transferring.
 - b. Persons involved in your care or payment for your care- If we are able to share your information with a family member, close friend or any other person you name as wanting to be involved in knowledge of your dental care.

- IV. Other uses of health/Dental data: Other uses not covered by this notice or the laws that apply to us as a healthcare professional will be made only with your prior written consent.
- V. You have these rights for your Health/Dental data we have on file about you:
- Right to inspect your records and to receive a copy of your record upon request. We will fill your request in 15 days or less by Texas law.
 - Right to amend information in your record that you deem as inaccurate or incomplete.
 - Right to know whom we have disclosed your information to.
 - Right to ask for limits of Health/Dental data given out to other offices/persons calling.
 - Right to receive communication from us about your Health/Dental information in alternative ways.
 - Right to receive a copy of complete Notice of Privacy Practices.

I acknowledge that I have received the Notice of Privacy Practices of Town Square Dental.

Information SHARING: **Please list any individuals we can share your personal information with other than Health/Dental Providers below:**

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Signature of Patient or Representative _____

Print Patient Name _____ Date _____

Patient date of birth _____