

Kendall Woods Dental
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Privacy Policy Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to his information.
Please review it carefully.

Uses and Disclosures

Our office must provide you, the patient, a description and at least one example of the types of uses and disclosures that our office is permitted to make for the purpose of treatment, payment, and health-care operations (all uses and disclosures, by the way which are permitted by law without authorization of the patient).

Treatment- our office will use and disclose your protected health information (PHI) for purpose of treatment, meaning the provision, coordination and management of your health care and related services for instance, we will use and disclose your health information to coordinate benefits with a third party payer, or for consultation between our office and specialist if required for your care.

Payment- our office will use and disclose the minimum necessary amount of your PHI to obtain payment for services rendered. For example, our office may share your treatment plan with your insurer to determine the coverage allowed by your benefits.

Health-care Operations- our office will use and disclose the minimum of your PHI for health-care operations, such as business planning and development that involves cost management and planning-related analyses related to managing and operating the entity, including formulary development or improvement of methods of payment of coverage policies.

Friend, family and personal representatives- we may disclose your health information to a family member, friend or personal representative to the extent necessary to help you with your health care or with payment for your health care. Before your PHI is disclosed to these individuals, we will provide you with the opportunity to object. If you are not present or if in the instance you are incapacitated or in the state of emergency, your medical information will only be disclosed based upon our professional judgment. Our professional judgment and experience with common standards of care may be used to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI. PHI about you may be disclosed to notify or assist in notifying a person involved in your care.

Appointment Reminders- We may use or disclose the minimum necessary amount of your PHI to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Disaster Relief- We may use or disclose your PHI to public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Public Benefits- we may use or disclose your health information as authorized by law for the following purposes deemed to be in the public interest or benefit.

- As required by law
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report domestic violence, neglect, and abuse;
- To health oversight agencies;
- In response to court administrative order and other lawful processes;

- To appropriate law enforcement officials in pursuit of subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other persons;
- To coroner, medical examiners, and funeral directors;
- To organ procurements organization;
- To avert a serious threat to health or safety;
- In connection to certain research activities;
- To federal military officials for intelligence, counterintelligence, or matters of national security;
- To correctional facilities in regards to inmates;
- As authorized by state worker's compensation laws;

General Authorization Statement- for any other purpose not stated in this notice, our office will not use or disclose your PHI without your prior written authorization.

PATIENT RIGHTS

The Patient- You have the right to inspect or obtain copies, a summary or an explanation of your PHI, with limited exception. Our office requires you to submit such request in writing to privacy director. Requests in writing may be made to our address at the bottom of this notice. This request must be acted upon on later then 30 days after receipt of our request, unless the PHI is not maintained or accessible to our office site. If necessary our office will inform you with in 30 days if the delay occurs. Our office has the right to charge you a cost based fee for the provision of any copies

Accountings of Disclosures- You have the right to receive a list of instances n which we our business associates disclosed your PHI over past 6 years (but not before April 14, 2003). Disclosures to carry out treatment, payment, and health-care operations, as authorized by you, for those considered to be of public benefits as written above, or any disclosures before April 14, 2003 are exempted form this accounting, if an accounting is requested more then once in a twelve months period, a reasonable, cost-based fee may be charges for these additional requests.

Restrictions- You have the right to request restriction on certain uses an disclosures of your health information, though our office is not required to grant such request. Your request is not binding unless given in writing.

Confidential Communications- You have the right to request, and our office must accommodate reasonable requests to receive confidential communication of PHI from our office by alternative means or locations. Your request must be made in writing and specify the alternative means while providing an explanation of how payment will be rendered under your request.

Your Authorization- You may give us written authorization to use your PHI or to disclose it to any one for any purpose. If authorization is given you may revoke it 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.

Right to Amend – You have the right to request, in writing that we amend in PHI. Our office, however, may deny such request it we determine that the PHI was not created by our office, is not part of the designated record set, the information is not available for access to you, or the current information is accurate and complete.

QUESTIONS AND COMPLAINTS

Patients may file a complaint with our office and the U.S. Department of Health Services Secretary if they believe their privacy rights have been violated. Complaints must be filed with 180 days of when you knew or should have known that the alleged violation occurred, To do so, please request a complaint form from our privacy director. Please be assured, patients who file complaints will not be retaliated against for doing so. We support the privacy of you health information.

Our office is required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices.

Our office is required to abide by the terms of the notice and make the new notice provisions effective for all PHI that we maintain.

Effective: April 14, 2003