



Notice of Privacy Practices

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

OUR LEGAL DUTY

We are required to maintain the privacy of your health information (HI). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning you HI.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose HI for treatment, payment, and healthcare operations.

- **Treatment** - Disclosing HI to other health care providers who treat you.
- **Payment** - Disclosing HI to obtain payment for services.
- **Healthcare Operations** - Including quality assessment, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training, accreditation, certification or licensing activities.
- **Your Authorization** - You may give us written authorization to disclose to anyone, including but not limited to, friends and family.
- **Marketing Health** - Related Services- We will not use your HI for marketing without your prior written authorization.
- **Required by Law** - We will disclose your HI when required by law.
- **Abuse or Neglect** - We may disclose your HI to proper authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crime.
- **Appointment Reminders** - We may disclose your HI to provide appointment reminders.

YOUR RIGHTS

- **Access** - You can look at or get copies of your HI. We will charge you a reasonable cost-based fee for copies, postage and staff time.
- **Restrictions** - You can request that we place additional restrictions on your HI.
- **Alternative Communications** - you can request in writing that your HI be transferred to an alternative location.

Questions or Complaints

If you want more information please contact Weatherford Advanced Dentistry. You may submit a written complaint to the U.S. Department of Health and Human Services. 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.

Patient Signature

Date