



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice of Privacy Practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, 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 applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our new Notice effective for all health information.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

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

For Treatment. We may use and disclose your health information to provide or assist with your treatment. For example, we may use or disclose your health information to another dentist, physician or other health care provider providing treatment to you.

To Obtain Payment. We may use and disclose your health information in order to bill and collect payment for the treatment and services provided to you. We will only disclose the minimum amount of information needed to obtain payment.

For Healthcare Operations. Your health information may also be used or disclosed to improve and conduct dental health operations. For example, we may use your health information in order to evaluate the quality of dental services that you received, or to evaluate the performance of the professionals who provided dental services to you. We may also provide your health information to our auditors, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us. We may also use a sign-in sheet at registration or other appropriate areas, and we may call you by name in waiting and service areas.

Your Authorization. In addition to our use of your health information for treatment, payment or health operations you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

When Required By Law. We may make disclosures about your health information when we are required to do so by law. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.

For Public Health Activities. For example, we may report required information about various diseases to government officials in charge of collecting that information, and we may provide coroners with necessary information relating to an individual's death.

To Avoid a Serious Threat of Harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide health information to law enforcement personnel or persons able to prevent or lessen such harm.

For Certain Government Functions. We may disclose health information of military personnel and veterans in certain situations, as well as for national security purposes or when required to assist with governmental intelligence operations.

For Appointment Reminders. We may use health information to provide appointment reminders (such as voicemail messages, postcards, or letters).

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To Your Family and Friends. 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 in writing that we may do so.

Marketing Health-Related Services. We will not use your health information for marketing communications without your written authorization.

All other uses and disclosures require your prior written authorization. In any other situation not described above, we will ask for your written authorization before using or disclosing any of your health information. If you do sign an authorization to disclose your health information, you can later revoke that authorization in writing. This will stop any future uses and disclosures to the extent that we have not taken any action relying on the authorization.

RIGHTS YOU HAVE REGARDING YOUR HEALTH INFORMATION

Access. You have the right to look at or get copies of your health information that we have, but you must make the request in writing. If you request copies of your health information, we will charge you a reasonable cost-based fee for expenses such as copies, staff time and postage, if you want to have them mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this notice with questions.

Disclosure Accounting. You have the right to request a list of instances in which we have disclosed your health information, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. We will provide the list to you upon request once each year at no charge, but if requested more than once in a twelve-month period, we will charge you a reasonable cost-based fee.

Restriction. You have the right to ask that we limit the use and disclosure of your health information. We will consider your request but we do not have to accept it. If we do, we will put any limits in writing and abide by them except in emergency situations where the information is needed. You may not limit the uses and disclosures that we are legally required to make.

Alternative Communication. You have the right to ask that we send your health information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, by fax instead of regular mail). We must agree to your request if we can easily provide it in the format you requested.

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.

Email. You have the right to get a copy of this Notice by e-mail. Even if you have agreed to receive Notice via e-mail, you also have the right to request a paper copy of this notice.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact:

Tennison Orthodontics
Jason W. Tennison, DMD, MS
843 N. Nolan River Road
Cleburne, TX 76033

Phone: 817-556-2323
Fax: 817-556-3840
Email: doc@tennisonortho.com

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, you may file a complaint using the contact information provided above. You also may send 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 the U.S. Department of Health and Human Services.

EFFECTIVE DATE OF THIS NOTICE. This notice applies to uses and disclosures of your protected health information beginning on April 3, 2009.