

## **NOTICE OF PRIVACY PRACTICES**

John B. Witte, D.D.S., P.C.  
3035 Matlock Road  
Arlington, Texas 76015  
817-784-1000

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

This notice is effective April 13, 2003 and will remain in effect until we replace it.

### **1. OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION**

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice informs you about the ways we may use and share medical information, and describe your rights and certain duties we have regarding the use / disclosure of medical information.

### **2. OUR LEGAL DUTY**

#### ***The Law Requires Us to:***

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information. You may request a copy of our Notice at any time by contacting us using the information listed at the end of this Notice.
3. Follow the terms of the notice that is now in effect.

#### ***We Have the Right to:***

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

#### ***Notice of Change to Privacy Practices:***

Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### **3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information.

**We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.**

**FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, medical students, or other health care providers to assist them in treating, or caring for you.

**FOR PAYMENT:** We may use and disclose your medical information for purposes of obtaining payment for services we provide to you or your child(ren).

**FOR HEALTH CARE OPERATIONS:** We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

**ADDITIONAL USES AND DISCLOSURES:** In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes:

**Family, Friends and Caregivers:** We may share your medical information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your medical information only when it will be important to those participating in providing your care.

**Appointment Reminders:** We may use or disclose your medical information to provide you with appointment reminders such as voice messages, postcards, letters, or electronic communications such as email and text (unless you tell us that you do not want to receive these reminders). In addition, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

**Abuse or Neglect:** We may use or disclose your medical information to notify government authorities if we believe a patient is the victim of abuse, neglect, or domestic violence. We will make this disclosure if we reasonably believe that it is necessary to avert a serious threat to your health or safety or the health or safety of others.

**Public Health, National Security and Law Enforcement:** We may be required to disclose to Federal officials or military authorities medical information necessary to complete an investigation related to public health or national security that may impact public safety. As permitted or required by State or Federal law, we may disclose your medical information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime, or in order to report a crime.

### **4. YOUR INDIVIDUAL RIGHTS**

#### ***You Have a Right to:***

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact person listed at the end of this notice. If you request copies, we will charge you \$25 for copies and staff time to locate and copy your medical information, plus postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing you the information in that format; or we will prepare a written summary of your medical information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.

3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

4. Request that we communicate with you about your medical information by different means or to different locations. This may involve communicating medical information with no other family members present or through mailed communications that are sealed. Your request for this must be in writing to the contact person listed at the end of this Notice.

### **5. QUESTIONS OR COMPLAINTS**

If you have any questions about this Notice, or if you think that we may have violated your privacy rights, please contact us. We support your right to the privacy of your medical information.

#### **Contact Person:**

**Karen**  
**3035 Matlock Road**  
**Arlington, Texas 76015**  
**817-784-1000**

(We are happy to provide you a separate copy of this information upon request)