

PRIVACY NOTICE
For
Evan G. Wilson, DDS, MS, PA

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. THE PRIVACY OF YOU OR YOUR CHILD'S HEALTH INFORMATION IS IMPORTANT TO US.

You or your child's protected health information or PHI (i.e., individually identifiable information, such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, and demographic data) may be used or disclosed by us in one or more of the following respects:

- **Treatment**-To other health care providers (i.e., you or your child's general dentist, oral surgeon, physicians, etc.) in connection with our rendering orthodontic treatment to you or your child (i.e., to determine the results of cleanings, surgery, etc.);
- **Payment**- To third party payers or other (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, spouses, etc.) in order to obtain payment of your account (i.e., to determine benefits, dates of payment, etc.);
- **Health-care Operations**- For normal health care operations (i.e., evaluation and improvement of the quality of care and services provided);
- **Certification/ Licensing**- To certifying, licensing and accrediting bodies (i.e., the American Board of Orthodontics, state dental boards, etc.) in connection with obtaining certification, licensure or accreditation;
- **Staff**- Internally, to all staff members who have any role in you or your child's treatment;
- **Required by Law** - We may use or disclose you or your child's PHI when we are required by law;
- **In the Office**- To other patients and third parties who may see or overhear incidental disclosures about you or your child's treatment, scheduling, etc (We have an open bay policy and are not equipped to isolate patients for treatment);
- **Family and Friends**- To your family and close friends involved in you or your child's treatment; and or
- **Appointment Reminders and Excuses**- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you (i.e., phone messages, e-mail, or direct mailings). We may contact via phone or written excuse, schools and or business for the purpose of verifying attendance at you or your child's appointment.
- **Abuse or Neglect**- We may disclose you or your child's health information to appropriate authorities if we believe that there are signs of possible abuse, neglect, domestic violence, or a victim of any other crime or to avert threats to you or your child's health or well being.
- **National Security**- Under certain circumstances we may disclose health information to military authorities, federal officials, correctional institutions, and law enforcement officials especially for the purpose of national security;
- **Other**- Any other uses or disclosures of you or your child's protected health information will be made only after obtaining your written authorization, which you have the right to revoke.

Under the new privacy rules, you have the right to:

- Request restrictions on the use and disclosure of you or your child's protected health information;
- Request confidential communication of you or your child's protected health information;
- Inspect and obtain copies of you or your child's protected health information through written request (copies provided at fee);
- Amend or modify you or your child's protected health information in certain circumstances;
- Receive an accounting of certain disclosures made by us of you or your child's protected health information; and,
- You may, without risk of retaliation, file a complaint as to any violation by us of you or your child's privacy rights with us (by submitting inquiries to our Privacy Contact Person at our office address) or the United States Secretary of Health and Human Services (which must be filed within 180 days of the violation).

We have the following duties under the privacy rules:

- By law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information;
- To abide by the terms of our Privacy Notice that is currently in effect;
- To advise you of our right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information maintained by us, and that if we do so, we will provide you with a copy of the revised Privacy Notice.

- Insure that business associates are appropriately protecting you or your child's info.

Please note that we are not obligated to:

- Honor any request by you to restrict the use or disclosure of you or your child's protected health information;
- Amend you or your child's protected health information if, for example, it is accurate and complete; or,
- Provide an atmosphere that is totally free of the possibility that you or your child's protected health information may be incidentally overheard by other patients and third parties.

This privacy notice is effective as of the date of your signature of the Consent. If you have any questions about the information in this Notice or would like a copy, please ask for our Privacy Contact Person or direct your questions to this person at our office address. Thank you.

Contact: Evan G. Wilson, DDS,
MS
Telephone: 972-377-0500
Effective Date: 12-02-2003

PATIENT COPY – Please keep for your records