

# NOTICE OF PRIVACY PRACTICES



Jeremiah B. Cook DDS, MS, PLLC

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, to be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. This office will not use or disclose your health information except as described by this notice.

This office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operation. Protected health care information is the information we create and obtain in providing our services to you. The health information about you is documented in a dental record and on a computer. Such information may include documenting your symptoms, medical history, dental history, examination and test results, diagnose treatment and applying for future care or treatment. It will also include billing documents and information for those services.

## When we need to use your health information for **treatment purpose**:

Dr. Cook finds information in your medical/dental information about you and records that information in your chart. Dr. Cook might determine during your course of treatment to consult with another dentist or other medical professional in the area regarding your case. Dr. Cook will share that information with the dental/or medical professionals to obtain additional information necessary for your treatment in our office.

## When we need to use your health information for **payment processing**:

We submit requests for payment to your health/or dental insurance company. The insurance company requests health information from us regarding dental care provided. We will provide the necessary information to them and about your treatment necessary for dental/medical reimbursement.

## When we need to use your health information for **Health Care Operations**:

This includes the business aspects of running our practice. For example, patient information may be used for training purposes, or quality assessment.

\*Unless you request otherwise, we may use or disclose health information to a family member, friend, or other [personal representative to the extent necessary to help with your healthcare or with payment for your healthcare. In addition we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

## Your Health Information Rights

Your health and billing records we maintain are the physical property of Dr. Jeremiah B. Cook DDS, MS, PLLC. The information in it belongs to you. You have rights to:

- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request in writing to our office
- Request that you may be allowed to access, inspect, or to receive a copy of your dental record and billing records in writing to our office
- Appeal a denial of access to your protected health information except in certain circumstances
- Request that your dental records be amended to correct incomplete or incorrect information by making a request in writing to our office. Including a reason for the support to our office

- Revoke authorizations that you previously made to use or disclose your information except to the extent information or action has already been taken by delivering a written revocation to our office

We reserve the right to amend, change, or eliminate provisions in our privacy and security practice. We reserve the right to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our “Notice” or by visiting our office and pick up a copy.

## Other Disclosures and Uses we can make without your written authorization

- Unless you object, we may use or disclose your personal health information to notify, or assist in notifying a family member, personal representative, or other persons responsible for your care, about your general dental/medical condition.
- We may disclose to a family member, other relative, close personal friend, or any other person who you identify, health information regarding payment for such care in our office if you do not object or in an emergency
- If you are seeking compensation through Worker’s Compensation, we may disclose your health information to the extent necessary to comply with the laws relating to Worker’s Compensation
- As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- We may be asked to disclose your health information to public authorities as allowed by law to report abuse, neglect, or domestic violence.
- We may also call your name out in the reception area when we are ready to see you
- We may disclose your health information for law enforcement purposes as required by law, such as required by a court order; to report a crime on our premise; to report a crime in emergency situations; and other appropriate situations required by law.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of December 1, 2012 and we are required to abide by the terms of the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

### For Information about our Privacy Policy Contact:

Privacy Officer: Jeremiah B. Cook  
Office Name: Cook Periodontics and Dental Implants  
Address: 5858 W. Main Street, Suite 260  
Frisco, TX 75033  
Phone: (469) 888-4315

### For Information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
877-696-6775 (toll-free)