

Huel Harris Pediatric Dentistry

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Dear Patient,

It is our desire to communicate to you that we are taking the new Federal HIPPA (Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your child's health information seriously. We want you to know the policies and procedures that we have developed to make sure that your child's health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your child's health information. In keeping with these laws, we want you to understand our procedures and your rights. We will use and communicate your child's health information only for the purposes of providing treatment, obtaining payment and conducting health care operations. Your child's health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

HOW YOUR CHILD'S HEALTH INFORMATION MAY BE USED

To Provide Treatment

We will use your health information within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentists, clinical and dental laboratories, pharmacies or other health care personnel providing treatment to your child.

To Obtain Payment

Although our practice operates on a "fee for service" basis, circumstances may necessitate our including your child's health information with an invoice used to collect payment for services that you have received in our office. We may be called to provide your insurance company with information regarding your services to insure your prompt reimbursement.

To Conduct Health Care Operations

Your child's health information may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. Your child's health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

In Patient Reminders

Because we believe regular care is very important to your child's oral and general health, we will remind you of a scheduled appointment. We may also remind you that it is time for you to contact us and schedule an appointment. Additionally, we may contact you to follow up on care that your child has received or to inform you of treatment that may be recommended for your child.

Family, Friends and Caregivers

We may share your child's health information with those you tell us will be helping with your child's home hygiene, treatment, medications, transportation or payment. We will be sure to use our very best judgment when sharing this information with only those who will be participating in your child's care.

Law Enforcement

If required by State or Federal law, we may disclose your child's health information to designated personnel.

Authorization to Use or Disclose Health Information

Other than is stated above or where Federal, State or Local law requires us, we will not disclose your child's health information other than with your written authorization. You may revoke that authorization at any time.

PATIENT RIGHTS

This new law is careful to describe that you have the following rights related to your child's health information.

Restrictions

You have the right to request restrictions on certain uses and disclosures of your child's health information. Our office will make every effort to honor reasonable restriction preferences from our patient's parents and/or guardian.

Communications Confidential

You have the right to request that we communicate with you in a certain way. We will make every effort to honor your reasonable requests for confidential communications. We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, send you an email and/or text, leave you a reminder message on your cell phone, home answering machine or with someone that answers your phone if you are not home.

Inspect and Copy Your Health Information

You have the right to read, review, and copy your child's health information, including his/her complete chart, radiographs and billing records. If you would like a copy of your child's health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

Amend Your Child's Health Information

You have the right to ask us to update or modify your child's records if you believe these records are incomplete or incorrect. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Documentation of Health Information

You have the right to ask us for a description of how and where your child's health information was used by our office for any reason other than for treatment, payment or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested. A reasonable fee may be charged for such requests.

Request a Paper Copy of this Notice

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by or give us a call and we will mail or fax a copy to you. We are required by law to maintain the privacy of your child's health information. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure that all of our patients receive a copy of the revised Notice.

You have the right to express complaints to us if you believe your child's privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your child's information. Please let us know of your complaints in writing.

PATIENT ACKNOWLEDGEMENT

Thank you very much for taking the time to review how we are carefully using your child's health information. If you have any questions we want to hear from you. If not, we would appreciate your acknowledging your receipt of our policy by signing below.

Signature of Legal Guardian

Date

Printed Name of Patient

Office Staff Signature