

This notice is to inform you that your personal health information will only be used for purposes of treatment in our office and will not be misused or disclosed by/to anyone outside of our practice. You may gain access to this information if you desire.

Please review carefully. The privacy of your health information is important to us.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of you health information. We are also required to give you this notice about our 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 on April 14, 2003 and will remain in effect.

We reserve this right to change our privacy practices and the terms of this notice at any time provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice available upon request.

You may request a copy or a notice at any time. For more information about our privacy practices or 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 will use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider who is currently providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for a service we provide to you (i.e. insurance companies)

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization

You may give us written authorization to use your health information or to disclose it to anyone for any purpose (e.g. a family member picking up records, referral to another professional, etc.) If you give us authorization while it was in effect. Unless you give a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends

We must disclose your health information to you, as described in the patient rights section of this notice. 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; we cannot use or disclose your health information for any reason except those described in this notice.

Persons Involved in Care

We may use or disclose health information to notify, or assist in the notification of (included identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses of disclosures. In the event of your incapacity or emergency circumstance, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to that person's involvement in your healthcare. We also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, radiographs, or similar forms of health information.

Marketing Health Relation Services: Our office does not use patient information for any marketing purpose. We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when it is required by law to do so (i.e. missing persons, etc.)



Abuse or Neglect: We may disclose your health information to appropriate authorities if we resonantly believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a provider serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to lawfully authorized federal officials health information required by lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of the protected health information of an inmate or patient under certain circumstances.

Appointment Reminder: We may use or disclose your health information to provide you with an appointment reminder (such as voicemail messages, post cards, or letters.)

Patient Rights

Access: You have to the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. We may change your reasonable cost-based fee for expenses such as copies and staff time. You may request access by sending us a letter to the address at the end of this notice. If you request an alternative format, will change 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 for a full explanation of our free structure.

Disclose Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for any purpose, other than treatment, payment, healthcare operations and certain other activities for the last six years, but not before April 14, 2003. If you request this accounting information more than once in a twelve month period we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right that we placed additional restrictions on our use or disclosure of your health information by alternative means or to alternate locations. You must make your request in writing. Your request must specify the alternative means or locations, and provide satisfactory explanations how payments will be handled under the alternative means or location you request.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or locations, and provide satisfactory explanations how payments will be handled under the alternative means or locations request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing. It must explain why the information should be amended. We may deny your request under certain circumstances.

Questions and Complaints:

If you desire further information about our privacy practices or if you have questions, please contact us. If you are concerned that we may have violated your privacy right, you disagree with a decision made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information list at the end of this notice. You may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

Contact Officer: Becky Owens/Office Manager
Telephone: 918-481-6622
Address: 6565 South Yale Ave, Suite 712
Tulsa, Oklahoma 74136

I authorize Tulsa Endodontic Associates to discuss anything related to my dental health with:

Name _____

Phone # _____

Relationship to patient _____

Date _____