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Speck Orthodontics, P.A.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. The privacy of your health information is important to us.

PLEASE REVIEW IT CAREFULLY.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

USES AND DISCLOSURES OF HEALTH INFORMATION

We typically use or share your health information to treat you, run our organization, and bill for services rendered. We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Treatment: We can use your health information and share it with other professionals who are treating you.

Healthcare Operations: We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Payment: We can use and share your health information to bill and get payment from health plans or other entities.

Marketing: We will not use your health information for marketing communications without your written authorization. We never sell personal health information to other companies or healthcare providers. We do not conduct fundraisers.

Public Health & Safety: We can share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.

Research: We can use or share your information for health research.

Required by Law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Government Requests: We can use or share health information about you: for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.

Legal Action: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Other Requests: We can share health information about you with organ and tissue procurement organizations. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

PATIENT RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Medical Records: You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Confidential Communication: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will accommodate all reasonable requests.

Limiting Shared Information: You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will accommodate you unless a law requires us to share that information.

Prior Shared Information: You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Copy of Privacy Notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Appoint Representative: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a Complaint: You can complain if you feel we have violated your rights by contacting us using the information at the top of this notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

PATIENT CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Preferences: You have both the right and the choice to tell us to share information with your family, close friends, or others involved in your care, and to share information in a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

Permission: We will not use your personal health information for marketing purposes without your written consent.

QUESTIONS

If you want more information about our privacy practices or have questions or concerns, please contact us.

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This form is educational only, does not constitute legal advice, and covers only federal, not state, law.

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