



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. Preview it carefully.

As a provider of dental services we are required, under the Health Insurance Portability and Accountability Act, to inform you of your rights to protect your personal health information. As a covered entity, we must inform all patients of their rights regardless of insurance coverage.

Protecting your privacy

Protecting your privacy and your medical information is at the core of our business. We recognize our obligation to keep your information secure and confidential. At Bulverde Hills Dental (BHD), privacy is one of our highest priorities.

Keeping your information

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with utmost care. Members of our staff access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims, and otherwise meet your needs. We may also access information about you when considering a request from you or exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to established security standards and procedures, and we continually assess our security. Our staff members are trained to understand and comply with these information principles.

Working to meet your needs through information

In the course of doing business, we collect and use various types of information, like your name and address and claims information. We use this data to provide service to you, to verify insurance coverage and authorization, to process your claims, to give you appointment and recall reminders, and to bring you health information.

Keeping information accurate

Keeping your health information accurate and up-to-date is very important. If you believe the health information we have about you is incomplete, inaccurate or not current, please call or write us at the telephone numbers or addresses listed below. We take appropriate action to correct any erroneous or out-of-date information as quickly as possible through a standard set of practices and procedures.

How and why information is shared

We limit who receives information and what type of information is shared.



- Sharing information within BHD – We share information within our practice to deliver you the dental care services and the related information appropriate.
- Sharing information with companies that we work with – To help us offer you our services, we may share information with companies that help us do business, such as insurance carriers, claims clearinghouses, and third party administrators such as employee medical reimbursement accounts. These companies act on our behalf or yours and are obligated contractually to keep the information that we provide them confidential
- Other – Patient – specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know, or with your consent

Bulverde Hills Dental does not share any patient information with third-party marketers who would offer their products or services to our patients.

Your Rights

Restrictions - You have the right to request restrictions or disclosure usage. We are not required to accept these additional restrictions, but we will make a note of the request and honor that request if applicable.

Access - You have the right to access your personal health information. A request for access must be made in writing. You may speak to our office manager/privacy officer to schedule an appointment to view your information. You may also request a copy of your personal health information. We may charge you a fee for the copies as set by the Texas State Board of Dental Examiners.

Amendment - You have the right to request that we amend your personal health information. Your request must be in writing and explain what should be amended and the rationale for such request. We have the right to deny this request if we feel that it would render your information inaccurate. We will inform you of the decision to amend your information.

Disclosures - You have the right to request a list of the times and entities to whom we have disclosed your personal health information. These disclosures are only for instances other than treatment, payment, or operations. This disclosure will be given free on an annual basis if requested. We reserve the right to charge for this if requested more than once in a 12 month period.

Complaints - Please contact our privacy officer for any questions or complaints. If you feel that we have violated your privacy, you may submit a written complaint to U.S. Department of Health and Human Services. We can provide you with the address upon request.

Count on our commitment to your privacy

You can count on us to keep you informed about how we protect your privacy and limit the sharing of information you provide to us – whether it is at our office or over the telephone.