



## 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. Please review it carefully.

Your protected health information (i.e., individually identifiable information, such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, and demographic data) may be used and disclosed by us in one of the following respects:

- To other health care providers (i.e. your general dentist, oral surgeon, etc.) in connection with rendering orthodontic treatment to you.
- To third party payors or spouses (i.e. insurance companies) in order to determine benefits or obtain payment for your account.
- Internally, to any staff members who have any role in your treatment.
- To other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc. due to our offices logistics.
- To your family and or close friend involved in your treatment.
- We may contact you to provide appointment reminders and provide a sign-in sheet at the time of your appointment to facilitate our office schedule.

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke.

Under the new privacy rules, you have the right to:

- Request restrictions on the use and disclosure of your protected health information.
- Request confidential communication of your protected health information.
- Inspect and obtain copies of all your protected health information.
- Amend or modify your protected health information in certain circumstances.
- Receive an accounting of certain disclosures made by us of your protected health information.
- You may with out risk of retaliation, file a complaint as to any violation by us of you privacy rights (by submitting inquires to our Privacy Compliance Officer at our office address).

We have the following duties under the privacy rules:

- By law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information.
- To abide by the terms of our Privacy Notice that is currently in effect.
- To advise you of your right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information maintained by us; and that if we do so, we will post a new copy of the revised Privacy Notice.

Please note that we are not obligated to:

- Honor any request by you to restrict the use of disclosure of your protected health information.
- Amend your protected health information if, for example, it is accurate and complete.
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by another patient and or third parties.

This privacy notice is effective as of the dates of your signature. If you have any questions about the information in this Notice, please ask our Privacy Compliance Officer: Diane Downing.

### PATIENT ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE THAT I RECEIVED AND REVIEWED A COPY OF THIS PRIVACY NOTICE.

\_\_\_\_\_  
Patient / Parent

\_\_\_\_\_  
Date

DR. PATTY FLEMING Board Certified Orthodontist

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