

reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury as authorized by state worker's compensation laws; 3. To report adult abuse, neglect, or domestic violence; 4. To health oversight agencies; 5. In response to court and administrative orders and other lawful processes; 6. To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person; 7. To coroners, medical examiners, and funeral directors; 8. To organ procurement organizations; 9. To avert a serious threat to health or safety; 10. In connection with certain research activities; 11. To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities; 12. To correctional institutions regarding inmates.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. We will use the format you request unless we cannot practicably do so. To obtain access to your health information, you must make a request in writing, by sending us a letter at the address at the end of this notice. If you request copies, we will charge you a reasonable cost-based fee that may include labor, copying costs, and postage. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we may (but are not required to) 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 information about our fees.

Disclosure Accounting: You have the right to receive a list of instances in which we (or our business associates) disclosed your health information over the last 6 years (but not before 9/15/2010). That list will not include disclosures for treatment, payment, health care operations, as authorized by you, and for certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for more information about fees.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. Your request is not binding unless our agreement is in writing.

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 to our office. You must specify in your request the alternative means or location, and provide satisfactory explanation how you will handle payment under the alternative means or location you request.

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

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice. You may contact us if you believe that:

- we may have violated your privacy rights,
- we incorrectly made a decision about access to your health information,
- our response to a request you made to amend or restrict the use or disclosure of your health information was incorrect, or
- we should communicate with you by alternative means or at alternative locations,

You also 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 with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

CONTACT OUR DENTAL OFFICE AT:

Dental Office Contact:

Dr. Peter A. Clark
101 E. 9th St.
Bonham, TX 75418

Telephone: (903)583-8023
Fax: (903)583-1291
E-Mail: bonhamdmd@cableone.net