***J. Britt Hall, D.D.S.***

**Notice of Privacy Practices**

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**Our Legal Duty**

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. 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. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice**

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.

**Uses and Disclosures of Health Information**

We may use and share your information as we:

**Treat you:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Bill for your services:** We may use and disclose your health information to obtain payment for services from health plans or other entities.

**Run our Organization:** We may use and disclose your healthcare information to run our practice, improve your care, and contact you when necessary.

**Abuse and Neglect:** We may disclose your health information to appropriate authorities if we reasonably 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 serious threat to your health or safety or the health or safety of others.

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

**Comply with the 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 are complying with federal privacy law.

**Work with a medical examiner or funeral director**: We can share health information with a coroner, medical examiner or funeral director when an individual dies.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters.)

**Patient Rights**

**Get a copy of your paper or electronic medical record:** 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 summary within 30 days.

**Correct your paper or electronic medical record:** 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 will tell you why in writing within 60 days.

**Request confidential communication:** You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address.

**Ask us to limit the information we share**: 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 say “yes” unless a law requires us to share that information.

**Get a copy of this 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.

**Choose someone to act for you:** 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.

**Patient Choices**

For certain health information, you can tell us your choices about what we share and whom we share that information with. We will provide you with a Patient Privacy Directive that will allow to explain in detail.

**Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights you may 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint.

Contact Officer: Jennifer Baker

Telephone: 817-274-2662

E-Mail: [britthalldds@yahoo.com](mailto:britthalldds@yahoo.com)

Address: 3310 W. Park Row Dr, Arlington, TX 76013