

New Braunfels Dental Arts

Craig V. Braun, DMD, 833 Landa St, New Braunfels, TX 78130, 830-629-7494

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. If you have any questions about this Notice please contact our office.

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We are required by Federal law to give you this Notice and to maintain the privacy of your health information. We must abide by the terms of this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this notice at any time. Before we make significant changes in our privacy practices, we will change this notice and make the new Notice available upon request.

How We May Use and Disclose your PHI

When we give you our notice you will be asked to sign a Acknowledgement of Receipt. Once you have received our notice and signed the receipt, we will use your PHI for treatment, payment and health care operations. We may use or disclose your PHI in an emergency treatment situation. If this happens, we will try to obtain your signature on the receipt as soon as possible. The following examples show the types of uses and disclosures of your PHI that our office is permitted to make.

Treatment: PHI may be used and disclosed by our office and others outside of our office that are involved in your dental care. We will disclose your PHI to other dentist and physicians to provide, coordinate, or manage your health care.

Payment: PHI may be used to pay your health care bills. Your PHI will be used to obtain payment for services we provide to you.

Healthcare Operations: We may disclose your PHI in order to support the business activities of our practice. Healthcare operations include quality assessment, employee review, licensing/credentialing, conducting training and auditing or review activities.

Business Associates: We will share your PHI with third party Business Associates that perform various activities for our practice. Whenever we disclose your PHI to a business associate, we will have a written contract that will protect the privacy of your PHI.

Your Written Authorization is Required for Other Uses of Your PHI

Any other use of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that our office already released your health information as provided for in your authorization.

Use and Disclosure Permitted without authorization but with an opportunity to object

Family members and friends: unless you object, we may disclose to your family member, relative, a close friend or any other person you select, your PHI to the extent necessary to help with your dental care or with payment for the services we have provided. We will also use our professional judgement and common practice to make reasonable decisions in your best interest

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in allowing a person to pick up dental supplies, x-rays, prescriptions or other similar forms of health information.

Other disclosures that may be made without your authorization

We may use or disclose your PHI when we are required to do so by law.

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 that of other persons.

We may disclose your health information of Armed Forces personnel when requested by commend military authorities. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence and other national security activities.

We may disclose your PHI to comply with Worker's Compensation Laws and to health oversight agencies when conducting investigations or inspections as authorized by law.

Under the law, we must make disclosures to you and when required, to the Department of Health and Human Services when determining our compliance.

You have the following rights

You have the right to look or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format your request unless we cannot practically do so. You must make the request in writing to obtain access to your health information. You may obtain access by sending a letter to our Privacy Officer listed at the end of the Notice. We will charge you a reasonable cost-based fee for expenses. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

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 and only in writing.

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.

You have the right to an accounting of disclosures of your health information that occurred after April 14, 2003. You have the right to request that we amend or correct your health information. You also have the right to make a complaint about our privacy practices.

Effective Date: December 1, 2015
Privacy Officer: Craig V. Braun, DMD
Address: 833 Landa St, New Braunfels, TX 78130