

Notice and Acknowledgements of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Little People's Dentistry (LPD) is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
 - A. For treatment – consultation, lab work, etc.
 - B. For payment – claim filing, collection of payment due, etc.
 - C. For health care operations – chart maintenance, regulatory requirements, accounting, HIPAA compliance activities, etc.
2. LPD is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization. Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization.
3. LPD may engage in the following activities:
 - A. LPD may contact the individual to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to the individual or patient.
4. The individual has the rights regarding protected health information:
 - A. The right to request restrictions on certain uses and disclosures of protected health information. LPD is not required to agree to requested restrictions.
 - B. The right to receive confidential communications of protected health information, as applicable.
 - C. The right to amend protected health information, as provided in the Privacy Regulation.
 - D. The right to receive an accounting of disclosures of protected health information.
 - E. The right to inspect and copy protected health information, as provided in the Privacy regulation.
 - F. The right to obtain a paper copy of the Notice from the covered entity upon request. The right extends to an individual who has agreed to receive the notice electronically.
5. Little People's Dentistry is required by law to maintain the privacy of protected health information and to provide individuals with the notice of its legal duties and Privacy practices with respect to protected health information.
6. Little People's Dentistry is required to abide by the terms of the Notice currently in effect.
7. Little People's Dentistry will provide individuals or patients with a revised Notice as requested.
8. Little People's Dentistry reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
9. Individuals may complain to Little People's Dentistry and to the Secretary of the Department of Health and Human Service, without fear of retaliation by the organization, if they believe their privacy rights have been violated. Complaints may be submitted in writing to 4706 Riverstone Blvd., Suite 200, Missouri City, Texas 77459.
10. Complaints may be submitted in writing to the Little People's Dentistry Office Manager:
 - A. Office Manager
 - B. Phone: 281-261-0020
 - C. Address: 4706 Riverstone Blvd. Suite 200, Missouri City, Texas 77459
11. This Notice is in effect from Dec. 1, 2008.
12. Little People's Dentistry elects to limit the uses or disclosures that it is permitted to make by law.

I hereby acknowledge that I have received a copy of Little People's Dentistry Notice of Privacy Practices. Form completed by:

Print Name: _____ Signature: _____ Date: _____

Child's Name: _____ Relationship to child: _____

Are you the person legally responsible for this child? YES _____ No _____

Reviewed by staff member: _____ Date: _____