

# David D. Warren, DDS, PA

## 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.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

---

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information and provide you with this Notice about our privacy practices, our legal duties, and your rights concerning your health information. While in effect, we must follow the privacy practices described in this Notice. This Notice takes effect September 1, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information, including health information we created or received before we made the changes. Before significantly changing our privacy practices we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. Please contact us for additional copies of this Notice or for more information about our privacy practices.

---

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose your health information for treatment, payment, and healthcare operations. For example:

**Treatment:** We may disclose your health information to a physician or other healthcare provider treating you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, and credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke this authorization in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without written authorization we cannot use or disclose your health information for any reason except those described in this Notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. With your consent, we may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare.

**Persons Involved In Care:** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, location, general condition, or death. If you are present, we will provide you with an opportunity to object prior to use or disclosure of your health information. In emergency circumstances we will disclose health information using our professional judgment and only disclose health information directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** If we reasonably believe you are a possible victim of abuse, neglect, domestic violence, or other crimes, we may disclose your health information to appropriate authorities. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety and the health or safety of others.

**National Security:** Under certain circumstances, we may disclose the health information of Armed Forces personnel to military authorities. We may disclose health information required for lawful intelligence, counterintelligence, and other national security activities to authorized federal officials. We may disclose health information to correctional institutions or law enforcement officials with lawful custody of protected health information of inmate or patient under certain circumstances.

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

**Oral Communication:** Reasonable precautions are taken to minimize the chance of inadvertent disclosures and to keep health information confidential.

---

## **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. If practically possible, we will use the format you request. You must make a written request to obtain access to your health information and may obtain a form to request access through the contact information at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$1.00 per page. 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 will 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 a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities for the last 6 years, but not before September 1, 2003. If you request this accounting more than once in a 12-month period, we may charge you a cost-based fee for responding to these additional requests.

**Restrictions:** You have the right to request additional restrictions on our use or disclosure of your health information. Although we are not required to agree to these additional restrictions, if we consent we will abide by our agreement, excepting emergencies.

**Alternative Communication:** You have the right to request an alternative means or location to communicate with you about your health information. Your request must be in writing and specify the alternative means or location, and provide satisfactory explanation how payments will be handled.

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

**Electronic Notices:** If you receive this Notice on our Web site or by electronic mail (e-mail) you are entitled to a printed Notice.

## **QUESTIONS AND CONCERNS**

Please contact us for more information about our privacy practices or with your questions or concerns.

If you are concerned we may have violated your privacy rights, or if you disagree with a decision we made concerning access to your health, you may contact us using the contact information listed at the end of this Notice. You may also 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 Officer:** David D. Warren, DDS, PA

**Telephone:** (575) 524-5812      **Fax:** (575) 524-7710

**E-mail:** [dwarrendds@aol.com](mailto:dwarrendds@aol.com)

**Address:** 4141 Camino Coyote, Suite A    Las Cruces, NM 88011