



2900 Quinlan Park Road, Suite 160
Austin, Texas 78732
512.266.9585

NOTICE OF PRIVACY PRACTICES

OUR LEGAL DUTY:

Our office is required by law to maintain the privacy of your health information, to give you notice about how we do this and what your rights are.

HOW WE USE YOUR HEALTH INFORMATION:

We use your health information for treatment, payment and healthcare operations.

This means- We may discuss your health information with another doctor or healthcare worker involved in your treatment. We may use this information to obtain payment for your treatment from third parties such as insurance companies. We may also use this information for our internal operations such as training and quality assessment and to contact you about appointments using phone, mail or email.

You have the right to decide who else, by specific signed authorization, has access to your health information such as family members, employers, marketing companies or other entities not directly related to our office or your treatment.

We must disclose your health information when required to do so by law or if we believe your health or safety or the health or safety of other is threatened.

YOUR RIGHTS:

You may request, in writing, a copy of your health information. We may charge a reasonable fee for this service.

Upon request, a more detailed and lengthy explanation of our policies is available.

Questions and Complaints-If you have any issues concerning the privacy of your health information, you may direct your complaints to the contact person listed below. You may also submit a written complaint to the US Dept. of Health and Human Services.

Contact Officer: G. Dan Devine, DDS
512-266-9585
Email: info@steinerdental.com
2900 Quinlan Park Road, Suite 160
Austin, TX 78732

Thank you for helping our office comply with federal law on health information privacy policies.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's NOTICE OF PRIVACY PRACTICES.

Please print your name _____

Signature _____

Date _____

For office use only:

We attempted to obtain written acknowledgement of our Notice Of Privacy Practices but could not because- Individual refused to sign, communication barriers existed, an emergency situation (circle one) or other reason _____.