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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL 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 Responsibilities

At Treat Dental, the office of Sarah E. Chan, DDS, we respect the confidentiality of your health information and will protect your information in a responsible and professional manner. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Texas Medical Records Privacy Act (TMRPA) requires that health providers keep your medical and dental information private and to provide you with a written Notice of Privacy Policy.

The privacy practices described take effect on October 25, 2021. We reserve the right to change our privacy practices, and the terms of this notice at any time, provided such changes are permitted by law. If changes are made, the new notice will be available upon request, in our office, and on our website. You may request a copy of our Notice at any time.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

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| Get an electronic or paper copy of your dental record | <ul style="list-style-type: none">• You can ask to see or get an electronic or paper copy or summary of your dental record. Ask us for the request form.• If you request an electronic copy, it will be provided within 15 days. Paper copies will be provided within 30 days. We may charge a reasonable, cost-based fee for paper copies. |
| Ask us to correct your dental record | <ul style="list-style-type: none">• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us for the request form.• We may say “no” to your request, but we’ll tell you why in writing within 60 days. |
| Get a list of those with whom we’ve shared your information | <ul style="list-style-type: none">• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, which will include who we shared it with and why.• We will include all the disclosures, except for those about treatment, payment, our business operations, and certain other disclosures (such as any you asked us to make). Ask us for the request form. |
| Ask us to limit what we use or share | <ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our business 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 dental service out-of-pocket in full, you can ask us not to share that information with your dental insurance plan. |

- Request alternative communications
 - You can ask us to contact you in a specific way or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- Use a legally authorized representative
 - If you have a legal guardian, authorized representative, or power of attorney, that person can exercise your rights and make choices about your health information. We will require that person to show personal identification and documentation that they have the right to act for you.
- File a complaint if you feel your rights are violated
 - You can submit a complaint in our office if you feel we have violated your rights. Dr. Chan will review your written complaint and provide resolution. We will not retaliate against you for filing a complaint.
 - Alternatively, you can file a formal complaint with the Texas State Board of Dental Examiners (TSBDE), Texas Attorney General, or the U.S. Department of Health and Human Services (HSS). Information for how to file found at the end of this notice.

Your Choices

For certain health information, you can tell us your choices about what we share.

- In these cases, you have the right and choice to tell us to
 - Share information with your family, close friends, or others involved in your dental treatment and/or payment of services.
 - If you are not able to tell us your preference, for example if you are experiencing a medical emergency and are unconscious, we may go ahead and share your information if we believe it is in your best interest.
- In these cases we *never* share your information unless you give us written permission
 - Electronic sharing of your protected health information, except in regard to your treatment, payment, or to run our practice.
 - Marketing purposes.
 - Sale of your information.

Our Uses and Disclosures

How do we typically use or share your health information?

- Treatment
 - We can use your dental record within the office and share it with other dental and medical professionals who are treating you.
 - Example: You take a blood thinner and need a tooth pulled. Your dentist may ask your physician about modifications to your medication prior to treatment.
- Payment
 - We can use and share your dental record to bill and get payment from dental insurance plans or other persons providing payment on your behalf.
 - Example: We give information about you to your dental insurance plan in order to use your benefits for dental work.
- Run our practice
 - We can use and share your dental record to run our practice, improve your care, and contact you when necessary.
- Help with public health and safety issues
 - We can share health information about you for certain situations, such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone’s health or safety.

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| Required by law | • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they want to see that we're complying with privacy law. |
| Government requests | • We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services. |
| Respond to lawsuits and legal actions | • We can share health information about you in response to a court or administrative order, or in response to a subpoena. |
| Appointment reminders | • We can use or share health information to provide you with appointment reminders, such as voicemail, text message, or postcard. |

Questions and Concerns

If you want more information about our privacy policy practices, or want to access your health information, amend or restrict the use or disclosure of your health information, or to request alternative means of communication, please contact us using the contact information found below.

You may submit a complaint if you believe we have violated your privacy rights with Dr. Chan for her to review and provide resolution. Alternatively you may file a formal complaint with any of the following organizations:

1. *Texas State Board of Dental Examiners (TSBDE)*: Complaints must be in writing using their complaint form and may be submitted by email, fax, or postal delivery. The complaint form may be obtained by requesting it over the phone, via email or letter, or by downloading from the TSBDE website. Address: Texas State Board of Dental Examiners ATTN: Investigations Division, 333 Guadalupe Street, Tower 3, Suite 800, Austin, TX 78701. Phone: 1-800-821-3205. Fax: 512-692-2517. email: complaints@tsbde.texas.gov
2. *Texas Attorney General, Consumer Protection Division*: Complaints must be in writing using their complaint form and may be submitted through their online portal or postal delivery. Address: Office of the Attorney General, Consumer Protection Division, P.O. Box 12548, Austin, TX 78711.
3. *Federal U.S. Department of Health and Human Services- Office of Civil Rights (OCR)*: The OCR accepts complaints electronically at its complaint portal website and also by mail or fax. Address: Marisa Smith, Regional Manager, Office for Civil Rights- Region VI, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. Phone: 1-800-368-1019. Fax: 202-619-3818.

Contact Information

Privacy Officer: Dr. Sarah Chan

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