

# Keith E. Watson DDS - Notice of Privacy Practices

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Updated 6/21/2019

Our practice is committed to maintaining the confidentiality of your personal financial and health information. This notice describes how information about you may be used and disclosed, and how you can get access to your information and limit its use. **Please review this notice carefully.**

## **Information we collect:**

Examples of personal information we may collect include: your name, birthdate, Social Security number, state license number, address, telephone number, email address, employer, medical history, dental records, and insurance information.

## **Information we share:**

We may share your personal information with other third parties without your prior authorization **for our normal business functions**, which may include:

- Securing insurance benefit information
- Submitting insurance claims
- Sending billing statements
- Communicating with specialists
- Fulfilling requests from other health care providers or pharmacies
- Processing transactions that you request
- Sending appointment reminders via postcard, voice message, email, or text message

## **How we protect your personal information:**

- We authorize individuals to access your personal information only to the extent necessary to conduct our business of serving you.
- We take every precaution to secure our building, patient files, and electronic systems from unauthorized access.
- Our business associates and vendors who may have access to patient information are required to sign a confidentiality agreement.
- Our employees are trained regarding confidentiality and are held to strict policy and procedures regarding your personal and health information both written and verbal. All employees are subject to discipline if they violate these procedures.

## **Our responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- We must follow the duties and practices described in this notice and offer you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind 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:**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

To request a copy of your paper or electronic records, you must submit a written request describing the information you are requesting. We will provide a copy or a summary of your health information, usually within 30 days. We may charge a reasonable, cost-based fee.

If you request a correction, amendment or deletion of personal information, we will either make the requested change or notify you of our refusal within 60 days.

**Changes to the terms of this notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website.