

## NOTICE OF PRIVACY PRACTICE

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **Protecting your privacy**

Protecting your privacy and your medical information is at the core of our prosthetic practice. We recognize our obligation to keep your information secure and confidential whether on paper or the internet. At Medical Art Prosthetics, LLC, privacy is one of our highest priorities.

### **Keeping your information**

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with care. Our employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to established security standards and procedures, and we continually assess new technology for protecting information. Our employees are trained to understand and comply with these information principles.

### **Working to meet your needs through information**

In the course of doing business, we collect and use various types of information, like name and address and claims information. We use this information to provide service to you, to process your claims and to bring you health information that might be of interest to you.

### **Keeping information accurate**

Keeping your health information accurate and up to date is very important. If you believe the health information we have about you is incomplete, inaccurate or not current, please call or write us at the telephone number or address listed below. We take appropriate action to correct any erroneous information as quickly as possible through a standard set of practices and procedures.

### **How and why information is shared**

We limit who receives information and what type of information is shared.

- *Sharing information within Medical Art Prosthetics, LLC.* We share information within our practice to deliver you the health care services and the related information and education programs specified in your plan.
- *Sharing information with companies that work for us.* To help us offer you our services, we may share information with companies that work for us. These companies act on our behalf and are obligated contractually to keep the information that we provide them confidential.
- *Other.* Patient specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know, or with your consent. Data is released with the condition that the person receiving the data will not release it further, unless you give permission. If we receive a subpoena or similar legal process demanding release of any information about you, we will attempt to notify you (unless we are prohibited from doing so). Except as required by law or as described above, we do not share information with other parties.

Medical Art Prosthetics, LLC does not share any patient information with third party marketers who offer their products and services to our patients.

### **Count on our commitment to your privacy**

You can count on us to keep you informed about how we protect your privacy and limit the sharing of information you provide to us whether it's at our office, over the phone or through the internet.

**MEDICAL ART PROSTHETICS, LLC**

17110 Dallas Parkway Suite 205

Dallas, TX 75287

**214-363-2055**

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17110 Dallas Parkway Suite 205  
Dallas, TX 75287  
214-363-2055**

**Acknowledgement of Receipt of Privacy Notice**

Medical Art Prosthetics, LLC provides maxillofacial and somato prosthetics. It is necessary that the office maintain health care information on all our patients. At times this information may be shared for the purposes of treatment, billing and health care operations.

**Federal law requires that all patients be given a copy of the privacy notice. It describes how patient health information is used and shared.**

This is our current privacy notice. If you have any questions pertaining to this notice, please inform the office personnel so that all questions may be answered to your satisfaction.

Efforts will be made to protect the privacy of your health information, whether it is maintained on paper or electronically and regardless of how it is communicated.

**I have been given a copy of the Medical Art Prosthetics, LLC privacy notice.**

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

When the patient is a minor, or is unable to give consent, the signature of a parent, guardian, or other representative is required.

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Patient \_\_\_\_\_