



4422 Pack Saddle Pass #201  
Austin, Texas 78745

## **HIPPA Privacy Notice**

**Michael Allen Ciaverelli, DDS P.A.**

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### **Protecting Your Confidential Health Information Is Our Priority**

This notice outlines how we collect, use, and disclose your health information, as well as how you can access it. We take your privacy seriously and follow strict guidelines to ensure your personal health details remain secure. Please review this information carefully to understand your rights and our commitment to confidentiality.

### **Our Commitment to Your Privacy**

Dear Patient,

Your privacy is important to us! At **Brodie Oaks Dental**, we take the protection of your personal health information seriously in accordance with the Federal **HIPAA (Health Insurance Portability and Accountability Act)** regulations. Our goal is to ensure that you feel confident in receiving care without concern that your personal health history may be disclosed unnecessarily.

Why this privacy notice? The healthcare industry has evolved, especially with the increased use of digital systems and electronic communication. To safeguard your information, we've carefully reviewed and documented our policies for handling health records—whether in electronic files, printed charts, phone calls, or other communications.

We are fully compliant with State and Federal laws governing patient confidentiality, and we want you to feel informed about our practices. We will use and disclose your **health information** only for treatment, payment, and essential healthcare operations. Any other use will require your explicit written permission.

### **How We Use Your Health Information to Provide Treatment**

We are committed to providing you with the highest standard of dental care. To do this effectively, we utilize your health information within our office for scheduling, coordination of care, and administrative processes. This includes communication between the **dentist, dental hygienist, dental assistant, and business office staff** to optimize your treatment experience. Additionally, we may share necessary health information with **physicians, referring dentists, specialists, dental laboratories, pharmacies, or other healthcare providers involved in your care.**

### **Using Your Health Information for Payment**

To facilitate payment for services provided, we may include relevant health information in invoices submitted to collect payment. This applies to both mailed and electronically filed insurance claims. Rest assured, we only work with trusted companies that uphold strict security standards to safeguard your health information.

## Health Care Operations and Quality Assurance

Your health information may be used to improve the efficiency and effectiveness of our office operations. This may include **performance evaluations, training programs for students and interns, and continuing education for clinical and administrative staff**. Additionally, audits conducted by **insurance companies, government agencies, and credentialing organizations** may require disclosure of health information to maintain compliance with quality assurance, licensing, and certification standards.

## Appointment and Care Reminders

Your oral health is a priority, and we believe regular dental care is essential to maintaining your well-being. To support this, we may send reminders about upcoming appointments or when it's time to schedule your next visit. Additionally, we may follow up on your care and provide information on treatment options that could benefit you or your family. These communications reflect our commitment to partnering with you for the best preventive and restorative care modern dentistry offers. Reminders may be sent via **postcards, letters, emails, text messages, or phone calls** unless you request not to receive them.

## Reporting Abuse or Neglect

If we believe a patient is experiencing **abuse, neglect, or domestic violence**, we will notify the appropriate government authorities as required or permitted by law. Such disclosures will be made only when legally obligated, when we determine action is necessary, or with the patient's consent.

## Public Health and National Security

In certain situations, we may be required to disclose health information to **Federal officials or military authorities** conducting investigations related to public health or national security. These disclosures help in cases where public safety may benefit from information aiding in the **control or prevention of epidemics** or improving understanding of **new side effects of medications or medical devices**.

## Disclosures for Law Enforcement

As permitted or required by **State or Federal law**, we may disclose health information to **law enforcement officials** as part of an investigation. This may include cases where a patient is a **victim of a crime** or when reporting criminal activity, subject to legal limitations.

## Sharing Health Information with Family, Friends, and Caregivers

We may share your health information with individuals you designate to help with your **home care, treatment, medication, or payment**—but only with your consent. In **emergency situations**, where you are unable to communicate your wishes, we will use our best judgment to ensure that only necessary health information is shared with those involved in your care.

## Authorization to Use or Disclose Health Information

Except for the situations mentioned above or cases where disclosure is **required by law**, we will not share your health information without your **written consent**. You have the right to **revoke** your consent in writing at any time.

## Your Rights as a Patient

Under federal law, you have important rights concerning your health information. Our office is committed to respecting and protecting these rights.

## Restrictions on Use and Disclosure

You have the right to request limitations on how your health information is used or shared. While we will make every effort to honor reasonable requests, some restrictions may not be possible under legal or operational guidelines.

## Confidential Communications

You may request that we communicate with you in a specific manner to protect your privacy. For example, you can ask us to speak with you only when no family members are present or to send correspondence in a sealed envelope. We will make every effort to accommodate reasonable confidentiality requests.

## Access to Your Health Information

You have the right to **read, review, and obtain copies** of your health records, including **charts, x-rays, and billing details**. If you would like a copy, please let us know. A reasonable fee may apply for duplication and processing.

## Amending Your Health Information

If you believe your health records are **incorrect or incomplete**, you have the right to request an **update or modification**. We are happy to accommodate these requests as long as we maintain the relevant records. To ensure consistency in processing, please **submit your request in writing**, including your reason for the change.

## Accessing Documentation of Health Information Usage

You have the right to request details on **how and where** your health information has been used **outside of treatment, payment, or healthcare operations**. Our documentation policies allow us to provide usage details from our **implementation date forward**. Please submit your request **in writing**, specifying the time period of interest. For efficiency, we kindly ask that you limit requests to **no more than six times per year**. A reasonable fee may apply.

## Requesting a Copy of This Notice

This **Notice of Privacy Practices** is available on our website in **PDF format** for easy download and printing. If you encounter any difficulties accessing it, you can **visit our office or call us**, and we will be happy to provide you with a **mailed copy**.

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## Legal Requirements for Your Privacy Protection

We are required by law to protect the privacy of your health information and provide you—and your authorized representative—with this **Notice of Privacy Practices**. We strictly follow the policies outlined in this notice, though we reserve the right to update our privacy practices. If any changes occur, we will ensure that all patients receive a revised version of this notice.

If you believe your privacy rights have been compromised, you have the right to submit a complaint to our office or to the **Secretary of Health and Human Services**. We encourage open communication and value your concerns regarding the security of your information. If you wish to file a complaint, please do so **in writing**.