

# Cornerstone Dental-Valley Ranch

## Notice of Privacy Practices

**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.**

### Uses and Disclosures

**Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing dental conditions, and providing treatment. For example, results of tests and procedures will be available in your dental records to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your health information may be used to seek payment from your health plan. For example, your health plan may request and receive information on dates of service, the service provider, and the dental condition being treated.

**Health care operation.** Your health information may be used as necessary to support the day-to-day activities and management of Cornerstone Dental.

**Law enforcement.** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

**Public health reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### Additional Uses of Information

**Appointment reminder.** Your health information will be used by our staff to send appointment reminders.

**Information about treatment.** Your health information may be used to send you information that you may find of use regarding the treatment and management of your dental conditions. We may also send you information describing other dental-related products and services that we believe may interest you.

# Notice of Privacy Practices (continues)

## Individual Rights

You have certain rights under the federal privacy standards. These include:

- 1) The right to request restriction in the use and disclosure of your protected health information
- 2) The right to receive confidential communication concerning your medical condition and treatment
- 3) The right to inspect and copy your protected health information
- 4) The right to amend or submit corrections to your protected health information
- 5) The right to receive an accounting of how and to whom your protected health information has been disclosed
- 6) The right to receive a printed copy of this notice

## Cornerstone Dental Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this “Notice of Privacy Practices.”

We also are required to abide by the privacy policies and practices that are outlined in this notice.

## Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

## Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulations, we require that you request access to your records by contacting the office. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

## Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Rheba Blocker, Privacy Officer  
Cornerstone Dental Associates, P.L.L.C.  
820 S. MacArthur Blvd. #143  
Coppell, TX 75019

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by, accessing our website, [www.cornerstone-dental.com](http://www.cornerstone-dental.com), or contacting our office at 972-471-0800.