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**PRIVACY NOTICE & GENERAL CONSENT**

1. Your protected health information is confidential. It will not be discussed with outside sources or among the office staff other than for clinical assessment except noted as below.
2. Protected health information is shared with doctors to whom you are referred to in the course of treatment. Any progress notes generated by a doctor to whom you are referred will be shared with this office.
3. Protected health information is released to your insurer when requested by them in the course of paying for your dental treatment as specified in your patient registration.
4. During the course of a regular business transaction, protected health information may be electronically transmitted to your dental insurer. All electronic transmittal and storage mediums are password protected and conform to the national standards as set forth by the Department of Health and Human Services.
5. You may receive a reminder email, telephone call or text for pending appointments. If you have a voice mail at work or at home, a message will be left indicating only the doctor's name and time of the appointment.
6. Any release of your protected health information for a designated, specific purpose such as life insurance applications, participation in a clinical trial, or other specified items will require a separate signed authorization for release. You may request an accounting of these releases and revoke or restrict them (in writing); however, any revocation will not apply to disclosures or uses already made or that rely on that authorization.
7. Protected health information may be disclosed without your authorization as required by law to report certain communicable diseases to public health authorities, child abuse or neglect, or neglect of the elderly or disabled. In the course of judicial or administrative proceedings in response to a court order, or in other denied emergency situations.
8. The office does not sell, market, or allow business associates the right to sell or market any form of protected health information to which they have access.
9. You have the right to receive copies of your protected health information. You have the right to restrict portions of, and request amendments to your protected health information. Written requests should be submitted to the office. We have the right to disagree with your requests for any amendments/restriction in writing and to document such requests/disagreements in your medical records.
10. If you feel your privacy rights have been violated, you have the right to file a written formal complaint in the office with the dentist, the designated privacy officer, as well as the Department of Health and Human Services, Office of Civil Rights. You will not be retaliated against by exercising your HIPAA rights. You may review a copy of the Standards for Privacy Individually Identifiable Health Information in the office or find a copy on the Internet at [www.irs.gov](http://www.irs.gov).