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Protecting Your Confidential Health Information is Important to Us

Notice of Privacy Practices

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

Dear Patient:

This is not to alarm you! Quite the opposite! It is our desire to communicate to you that we are taking the new Federal (HIPPA-Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information, seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers but also with the Internet, phone, faxes, copy machines, and charts. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures, which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate your health information only for the purposes of providing you treatment, obtaining payment and conducting healthcare operations. Your health information will not be used for other purposes unless we have asked for and you have voluntarily given your permission.

We ask that all our patients read this notice and understand their rights. State and Federal law require that we have your signature on file. We appreciate your help in this matter.