

Practice of Gary T. Wilson, Jr., D.D.S.  
NOTICE OF PRIVACY PRACTICES

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This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

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**Our legal Duty:** We are required by law to maintain the privacy of your protected health information. We are required to give you notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 9/1/2013. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by law. Before we make a change in our privacy practices, we will change this Notice and provide the new Notice at our practice location, and will distribute it upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

**Your authorization**

In addition to our use of your health information for the following purposes, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. If our dental practice or one of our business associates have used or disclosed patient information improperly, our dental practice will do to the extent practicable, any harmful effect known to us. You have the right to receive an accounting of disclosures of your health information with limited exceptions.

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**Uses and Disclosures of Health Information**

We use and disclose health information about you without authorization for the following purposes:

**Treatment:** We may use or disclose your health information for your treatment.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations.

**To You or Your Personal Representative:** We must disclose your health information to you. We may disclose your health information to your personal representative, but only if you agree that we may do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of a family member or your personal representative of your location, your general condition, or death. In the event of your absence or incapacity or in emergency circumstances, we will disclose health information based on a determination using our professional judgment. We will also use our professional judgment to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Disaster Relief:** We may use or disclose your health information to assist in disaster relief efforts.

**Marketing Health Related Services:** We may not use your health information for marketing communications or fundraising without your written authorization. We cannot sell patient information without your expressed written consent.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Public Health and Public Benefit:** We may use or disclose your health information to report abuse, neglect, or domestic violence; to report disease, injury, and vital statistics; to report certain information to the FDA; to alert someone who may be at risk of contracting or spreading a disease; for health oversight activities; for certain judicial and administrative proceedings; for certain law enforcement purposes; to avert a serious threat to health or safety; and to comply with workers' compensation or similar programs.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders.

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**Patient Rights**

**Access:** You have the right to look at or get copies of your health information, in paper or electronic form, within thirty days. You must make a request in writing to obtain access to your health information. You may also request access by sending us a letter to the address at the end of this Notice.

**Right to Request a Restriction:** You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

**Alternative Communication:** You have the right to request in writing that we communicate with you about your health information by alternative means or at alternative locations.

**Amendment:** You have the right, by written request and explanation, that we amend your health information. We may deny your request under certain circumstances.

**Right to Notification of a Breach:** You will receive notifications of breaches of your unsecured PHI as required by law.

**Electronic Notice:** You may receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically on our web site or by e-mail.

**Questions and Complaints:** If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

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