

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 IT CAREFULLY THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

PATIENT RIGHTS

Access: You have the rights to look at or get copied of your health information with limited exceptions, you may request that we provide copies in a format other than photocopies. We will use format you request unless we cannot practicably do so. (You must make request in writing to obtain access to your health information . you may obtain a form to request access by using the contact information listed at the end of this notice . we will charge you a reasonable cost based fee for expenses such as copies and staff time . you may also request access by sending us a letter to the address at the end of this notice . if you request copies we will charge \$0.09 for each copies and \$32 per hour for staff time to locate and copy your health information, and postage if you want copies mailed to you. If you request an alternative format we will charge a cost based fee for providing your health information in that format. If you request an alternative format, we will charge a cost based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee contact us using the information listed at the end of this notice for a full explanation of our fee structure).

Disclosure accounting: You have the right to receive a list of instance in which we or our business associate disclose your health information for purposes, other than treatments, payments, healthcare operation and certain other activities, for the last 6 years, but not before 4/14,2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to those additional request.

Restriction: You have the right to request that we place additional restriction on our use disclose of your health information. We are not required to agree to these additional restriction but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have right to request that we communicate with you about your health information by alternative means or to alternative location, and provide satisfactory explanation how payment will be handle under the alternative means or location you request.

Electronic Notice: If you received this notice on our web site or electronic mail (e-mail), you are entitled to receive a notice in written form.

QUESTION AND COMPLAINTS

If you want more information about our practice or have questions or concern, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in a response to request you made to amend or restrict the use or disclosed of your health information or to have us communicate with you by alternative means or at alternative locations, 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 Service: We will provide you with the address to file your complaint with us or with the U.S. Department of Health and Human Services.

Signatures _____ date _____

Contact officer: Dr. Juan C. Fernandez

Phone: 281-292-4400

Email: www.luminosdenatibx.com

Address: 566 sawdust rd.; spring, TX 770380

American dental association

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