

Notice of Privacy Practices

In our efforts to comply with the Health Information Act, HIPAA, we need to be certain that we guard your privacy according to your wishes when it comes to your family, friends and coworkers.

USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you or your family and friends you approve.

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. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You also have the right to request restrictions on disclosure of PHI (Personal Health Information), or alternative means of communication to ensure privacy.

Marketing Health Related Services: We will not use your health information for marketing communications with out your written authorization.

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

Abuse or Neglect: We may use or disclose your health information to appropriate authorities when we suspect abuse or neglect.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (voicemail messages, postcards, or letters)

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information with limited exceptions. If you request copies we will charge you \$25 to locate and copy your information and postage if you want the copies mailed to you.

Amendment: You have the right to request that we amend your health information.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, 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 response to a request you made to amend or restrict the use or disclosure 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 beginning of this notice. You also may submit a written complaint to the US Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose a complaint with us with the US Department of Health and Human Services. A Privacy/Contact Officer has been designated for this office. Please ask our front desk personnel and they will direct you to the Privacy/Contact Officer.

**PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE
OF PRIVACY PRACTICES AND CONSENT FOR
NECESSARY USE OF PERSONNEL HEALTH
INFORMATION**

You may refuse to sign this acknowledgement

Patient's Name

Date

I, _____, have received a copy of this office's NOTICE OF
Signature of the Patient

PRIVACY PRACTICES as required by federal law.

I, _____, Consent to use the disclosure of my personal health
Signature of the Patient

information by your office during treatment, billing/payment and dental office operations as outlined in the
NOTICE OF PRIVACY PRACTICES

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but
acknowledgement could not be obtained because:

- Individual refused to Sign
 - Communications baffle prohibited obtaining the acknowledgment
 - An emergency situation prevented us from obtaining acknowledgment
 - Other (Please Specify)
- _____