

NOTICE OF PRIVACY PRACTICE

This notice describes how your health information may be used and disclosed, as well as how you can access this information.

Please review it carefully

At our dental office, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your health information to those involved in your treatment, service, health care operation, business associates. For examples: a review of your file by specialist doctor who we may involve in your care; we may send a report to your insurance company; our staff will enter your information into our operating system; we may disclose your information with our business associates, such as collection agency. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you such in sending statement, newsletter or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. In case of an emergency, we may disclose your health information to a family member or another person who is responsible to your care.

We may release some or all of your health information when required by law. If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we do not use or disclose your health information as described above. We will let you know if we can fulfill your request. You have the right to know of any uses or disclosures we make with health information beyond the above normal uses. As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You have the right to transfer copies of your health information, with a few exceptions. Please give us a written request regarding the information you want to see. You have the right to request an amendment or change to your health information. Please give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes to your request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information. You have the right to receive a copy of this notice. If we change any of the detail of this notice, we will notify you of the changes in writing.

If you are concerned that we may have violated your privacy rights, or disagree with a decision we made about accessing to your health information or in response to a request your made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or alternative locations, you 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.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Acknowledgement:

I have read and understand this Notice of Privacy Practices.

Print Name: _____

Signed: _____ Date: _____

If signed as parent or guardian, please print the name of the patient below:
