



NOTICE OF PRIVACY PRACTICES

We understand that your medical and dental information is personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality dental care and to comply with certain legal requirements. This notice will tell you about the way we may use and share your Protected Health Information (PHI). A complete version of our Privacy Practices is available upon request.

Patient Rights: You have the right to request a copy of your health records and to request the type of format you want (paper or electronic format). If you request, in writing, that a copy of your records be sent to a specific third party, the records must be sent as directed and in a timely manner.

We have a Legal Duty to:

1. Keep your personal health information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your dental information.
3. Follow the terms of the current notice.
4. Notify you of an accidental disclosure of your private health information in a timely manner.

We have the right to change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.

Notice of Change to Privacy Practices: Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following describes different ways that we use and disclose your protected health information. Not every use or disclosure will be listed. However, we have listed some ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

1. **For Treatment:** We may use your PHI to provide you with dental treatment or services. We may disclose medical information about you to healthcare providers who may be involved in your treatment both directly and indirectly.
2. **For Payment:** We may use and disclose your PHI for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.
3. We may not sell or use your personal health information for marketing or fundraising purposes without your signed authorization.
4. We are required to inform you if there are any financial conflicts of interest with us and the products or services utilized by us.
5. If you pay for your dental treatment and request that we not disclose the procedure to your insurance company we must comply with your request as long as you pay in full for the procedure in a timely manner.

I have had full opportunity to read and consider the contents of this Notice of Privacy Practices. I understand that, by signing this form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

PATIENT/GUARDIAN NAME NAME: (PRINT) _____

RELATIONSHIP TO PATIENT: _____

SIGNATURE: _____

DATE: _____