

Notice of all Privacy Practices

This notice describes how health information about you may be used and disclosed and how you get access to this information. Please review it carefully.

It is our desire to communicate to you that we are taking the new Federal (HIPPA- Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information is the rapid evolution of computer technology and its use in healthcare. The government has sought to standardize and protect the privacy of the electronic exchange of your health information. We will use administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist, and business staff. In addition we may share your health information with physicians, referring dentists, clinical, and dental laboratories, pharmacies, or other health care personnel providing you treatment.

Your health care information may be used during performance evaluation of our staff. It is also possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

Because we believe regular care is very important to you oral and general health, we will remind you of a scheduled appointment or that it is time to contact us and make an appointment. Additionally, we may contact you to contact us to follow up on your care.

WE may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes the public safety could benefit when the information could lead to the control or the understanding or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

We may share your health information with those you tell us will be helping you with your home care, treatment, or medications or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our best judgment when sharing your health information.

Other than is stated above where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time. You have the right to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of you information.

Name _____ Date _____

Signature _____