

Protection for Patients Confidential Health Information Notice of Privacy Practices

At this office, the protection of our patients' confidential health information has always been a priority. We recognize that you depend upon us to safeguard your personal information and uphold your privacy rights. This document--- which is based on state and federal law, as well as our own code of commitment—offers a declaration of preserving your confidentiality and privacy.

Why a stated privacy policy now?

Our office is subject to State and Federal law regarding the confidentiality of your health information. With the rapid evolution of computer technology and its use in healthcare we want to assure you that your health information will not be shared with anyone who does not require it. It will only be used in keeping with the Federal (HIPAA)-Health Insurance Portability and Accountability Act. We will use and communicate your health information only for the purposes of providing your treatment, obtaining payment and conduction health care operations. Your information will not be used for other purposes unless we have asked for and been given your written permission.

How We May use or Share Your Information

Providing Treatment

We want to provide you with the best dental care possible in every aspect. This includes administrative and clinical office procedures, scheduling and coordination of care between hygienist, dental assistant, dentist, and business office staff. In addition, we may share your information with physicians, referring dentists, clinical and dental laboratories, pharmacies and other health care personnel providing you treatment.

Payment for Services

In the process of collecting payment for your treatment, we may include your health information with an invoice, insurance form, or electronic submission.

Health Care Operations

Insurance companies or government appointed agencies may require health care information to assure compliance and for review.

Patient Reminders

Your health care information will be used by our office to remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family. This may include postcards, letters, telephone reminders or electronic reminders.

Abuse or Neglect

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patients' agreement.

Public Health and National Security

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

Law Enforcement

As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain circumstances, if you are a victim of a crime or in order to report a crime.

Family, Friends and Caregivers

With your permission, we may share health information with people helping you with your home health, treatment, medications, or payment.

Authorization to Use or Disclose Health Information

Other than is stated above or 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.

Patient Rights

Restrictions

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.

Confidential Communications

You have the right to request that we only communicate your health information privately with no other family members present or through mailed communications. We will make every effort to honor your reasonable requests for confidential communications.

Insect and Copy Your Health Information

If you would like a copy of your health information, please let us know. We will be happy to accommodate you as long as our office maintains this information. We may need to charge you a reasonable fee to duplicate and assemble your copy.

Amend Your Health Information

Please let us know if you believe your health information records are incorrect or incomplete. You may update or modify any information that was created by our office. Please provide us with your request in writing and describe your reason for the change.

Documentation of Health Information

Your can obtain a description of how and where our office used your health information. We can provide this information from April 14th, 2003 and forward. We may need to charge you a reasonable fee for your request.

Request a Paper Copy of this Notice

At your request we will provide you a copy of this Notice of Privacy Practices.

We are required by law to maintain the privacy of your health information and to provide to you this Notice of our Privacy Practice.

We are required to practice the policies and procedures described in this notice and we reserve the right to change the terms of our Notice.

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. Please let us know of your concerns or complaints in writing.

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Patient Acknowledgment

Thank you for reviewing our Privacy Practices. If you have any questions please let us hear from you. We would appreciate your acknowledging your receipt of our policy by signing and returning this form.

Print Name _____

Signature _____ Date _____