

**HIPAA Notice of Privacy Practices
(Health Insurance Portability & Accountability Act of 1996)**

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control of your protected dental health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your dentist, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the dentist's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your dental care and any related services. This includes the coordination or management of your dental care with a third party. For example, we would disclose your protected dental health information, as necessary, to other dentists that provide care to you. For example, your protected dental health information may be provided to a dentist to whom you have been referred to ensure that the dentist has the necessary information to diagnose or treat you.

Payment: Your protected dental health information will be used, as needed, to obtain payment for your health care services.

Healthcare Operations: We may use or disclose, as needed, your protected dental health information in order to support the business activities of your dentist's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of dental students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected dental health information to dental school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your referring dentist. We may also call you by name in the waiting room when your dentist is ready to see you. We may use or disclose your protected dental health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected dental health information in the following situations without your authorization. These situations include: as required by Law, Public Health issue as required by Law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Military Activity and National Security: Worker's Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses will be made only with your consent, authorization or opportunity to object unless required by law.

You may take back or revoke this authorization, at any time, in writing, unless we already have acted based upon it. Your revocation will take effect when we receive it. We cannot give it retroactive effect, so it will not affect any use or disclosure that occurred in our reliance on your consent or authorization prior to revocation. For example, if after we provide services to you, you revoke your authorization or consent in order to prevent us from billing or collecting for those services. In this instance, your revocation will have no effect because we relied on your authorization or consent to provide services before you revoked it. **We will not condition treatment on your signing an Authorization, but we may be forced to decline you as a new patient or discontinue you as an active patient if you choose not to sign the consent or revoke it.**

(OVER)

Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health and dental information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health and dental information that is subject to law that prohibits access to protected health and dental information.

You have the right to request a restriction of your protected health and dental information. This means you may ask us not to use or disclose any part of your protected health and dental information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health and dental information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your dentist is not required to agree to a restriction that you may request. If the dentist believes it is in your best interest to permit use and disclosure of your protected health and dental information, your protected health and dental information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively (i.e. electronically).

You may have the right to have your dentist amend your protected dental health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health and dental information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective as of April 14, 2003.

Please note: When our office calls to confirm or change an appointment, a message will be left, if necessary, at the phone number provided by the patient.

Signature of Patient or Guardian

Date

Please list other person(s) we may speak with, if any, regarding your treatment and protected health information:
