

HEALTH INFORMATION PRIVACY POLICIES & PROCEDURES

Recently, the federal government put in place national standards to protect your right to privacy with regard to healthcare information. We take our responsibility to safeguard your healthcare information and inform you of your rights very seriously. In order to make your rights understandable we have developed a readable summary explanation of your rights. You will be asked to sign a form acknowledging having received this information.

I. How we may use your Protected Health Information (PHI).

A. Treatment - In order to provide you with appropriate treatment, we may share information with referring dentists or medical personnel involved in your care. Some information such as HIV status, drug and alcohol dependence and mental health status are entitled to special restrictions related to its use and disclosure.

B. Payment - Treatment rendered may be shared with insurance companies, third party payees and family members who are taking responsibility for payment.

C. Appointment Reminders; Explanation of Insurance Benefits: - We may mail this information to your address of record; we may call your home or office and relate this message directly or leave it on an answering machine or with the individual who answers the phone, or we may e-mail or fax this information.

D. Workers Compensation Claims

E. Public Health Risks

F. Law Enforcement Agencies/Lawsuits when provided with proper authorization.

II. Your Rights Regarding your PHI

A. Right to inspect and copy dental records

B. Right to request an addendum to your dental records if you believe they are incorrect

C. Right to an accounting of disclosures of medical information for purposes other than treatment or payment once (over a 12-month period).

D. Right to request restrictions on medical information we disclose about you.

E. You have the right to request that we communicate with you about dental matters and appointments in a certain way or certain location and we will accommodate all reasonable requests.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of this Office's Notice of Privacy Practices.

Please Print Name:

Signature:

Date: