

ABEL, PHAN AND ASSOCIATES, P.L.L.C
46161 Westlake Drive Suite 100
Potomac Falls, VA 20165
(703)433-9999

STATEMENT OF PRIVACY PRACTICES

Our office is dedicated to protecting the privacy rights of every patient and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principle concept of our practice. We may, from time to time, amend our privacy and practice but will always inform you of any changes that might affect your rights.

Protection of Your Personal Healthcare Information

We use and disclose the information we collect from you as allowed by the Health Insurance Portability and Accountability Act and the state of Virginia. This includes issues relation to your treatment, payment, and our dental care operations. Your personal health information will never be otherwise given to anyone – even family members – without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our office and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records are always protected. Our privacy policy and practices apply to all former, current, and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

Collecting Protected Health Information

We will only request personal information needed to provide our standard of quality dental care, implement payment activities, conduct normal dental practice operations, and comply with the law. This may include your name, address, telephone number(s), social security number, employment date, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to full extend of the law.

Disclosure of Your Protected Health Information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing purposes without your written consent.

We may use and/or disclose your health information to communicate reminders about your appointment including voicemail message, answering machines, and postcards.

Patient Rights

You have a right to request copies of your healthcare information; to request copies in a variety of formats; and to request a list of instances in which we, or our business associates, have disclosed your protected information for uses other than stated above. All such requests must be in writing. We may charge for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can always notify the U.S Department of Health and Human Services.

We thank you for being a patient at **ABEL, PHAN AND ASSOCIATES**. Please let us know if you have any questions concerning you privacy rights and the protections of your personal health information.

I have read and fully understand HIPAA law (Health Insurance Portability and Accountability Act). I authorize the office of **ABEL, PHAN and ASSOCIATES DDS, P.L.L.C** to release any necessary dental treatment and records to the people listed below.

I understand the statue of this authorization shall remain in effect as long as I am a patient of **ABEL, PHAN AND ASSOCIATES DDS, and PLLC**. If I wish to change the status of this authorization, I shall do so in writing.

Patient Signature (If minor, Parent/Guardian)

Print Patient Name

Date