

NOTICE OF PRIVACY PRACTICES

The privacy of your dental information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our dental practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share dental information about you. We also describe your rights and certain duties we have regarding the use and disclosure of dental information. Throughout this notice we refer to your medical information as dental information.

- For treatment: We may use dental information about you to provide you with dental treatment or services. We may disclose dental information about you to doctors, staff, technicians, or other people who are taking care of you. We may also share dental information about you to your other health care providers to assist them in treating you.
- For payment: We may use and disclose your dental information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your dental information.
- For health care operations: We may use and disclose your dental information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.
- Additional uses and disclosures: In addition to using and disclosing your dental information for treatment, payment, and health care operations, we may use and disclose dental information for the following purposes.
- Notification: We may use and disclose dental information to notify or help notify: a family member, your personal representative or another person responsible for your care. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, dental supplies, x-ray or other dental information for you.

- Research in Limited circumstances: We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of dental information.
- Worker Compensation: We may disclose dental information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.
- Appointment Reminder: We may use and disclose dental information for purpose of sending you appointment postcards or otherwise reminding you of your appointment.
- Alternative and Additional Dental Service: We may use and disclose dental information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name _____

Signature _____ Date _____