

# Statement of Privacy Practices

Bear Creek Dental  
1430 21<sup>st</sup> Street  
Colorado Springs, CO  
(719)633-2828

Our office is dedicated to protect the privacy rights of our patients 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.

## Protecting Your Personal Healthcare Information

We use and disclose information we collect from you as allowed by the Health Insurance Portability and Accountability Act and the state of Colorado. This includes issues relating to your treatment and payment. Your personal health information will never be otherwise given to anyone without your written consent.

Our offices and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected.

## Collecting Protected Health Information

We will only request personal information needed to provide our standard 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 data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and government officials under certain circumstances. We will not use your information for marketing purposes without your consent. We may use and/or disclose your health information to communicate reminders, including date and time, about your appointments including voicemail messages, answering machines, and postcards.

You have the right to request copies of your healthcare information. All requests must be in writing. We have the right to charge for your copies in an amount allowed by the law. If you believe your rights have been violated, notify us or contact the US Department of Health and Human Services.

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### Acknowledgement of Receipt of Privacy Practices

I have received or been offered a copy of the Statement of Privacy Practices for Bear Creek Dental. The statement describes the uses and disclosures of my health information and also my rights and the responsibilities of the office.

Bear Creek reserves the right to change the privacy practices at any time. If they change, I will be offered a copy at my first visit after they become effective.

Patient Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Additional Disclosure Authority

Please mark anyone we may talk to concerning your health information:

ANY MEMBER OF IMMEDIATE FAMILY \_\_\_\_\_

SPOUSE ONLY \_\_\_\_\_

OTHER (Please name) \_\_\_\_\_