

HIPAA



YOUR HEALTH INFORMATION PRIVACY RIGHTS

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OUR LEGAL DUTY

WE ARE REQUIRED BY APPLICABLE FEDERAL AND STATE LAW TO MAINTAIN THE PRIVACY OF YOUR HEALTH INFORMATION. WE ARE ALSO REQUIRED TO GIVE YOU THIS NOTICE ABOUT OUR PRIVACY PRACTICES, OUR LEGAL DUTIES, AND YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION. WE MUST FOLLOW THE PRIVACY PRACTICES THAT ARE DESCRIBED IN THIS NOTICE WHILE IT IS IN EFFECT. THIS NOTICE TAKES EFFECT APRIL 14, 2003, AND WILL REMAIN IN EFFECT UNTIL WE REPLACE IT.

YOU MAY REQUEST A COPY OF OUR NOTICE AT ANY TIME. FOR MORE INFORMATION ABOUT OUR PRIVACY PRACTICES, OR FOR ADDITIONAL COPIES OF THIS NOTICE, PLEASE CONTACT US USING THE INFORMATION AT THE END OF THIS NOTICE.

USES AND DISCLOSURES OF HEALTH INFORMATION

WE USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU FOR TREATMENT, PAYMENT AND OPERATIONS. FOR A COMPLETE LIST OF TREATMENT, PAYMENT AND HEALTHCARE OPERATION, PLEASE ASK FOR A COPY OF YOUR RIGHTS AT THE FRONT DESK.

YOUR AUTHORIZATION

IN ADDITION TO OUR USE OF YOUR HEALTHCARE INFORMATION FOR TREATMENT, PAYMENT AND/OR HEALTHCARE OPERATIONS, YOU MAY GIVE US WRITTEN AUTHORIZATION TO USE YOUR HEALTH INFORMATION OR TO DISCLOSE YOUR INFORMATION TO ANYONE FOR ANY PURPOSE. IF YOU GIVE US AUTHORIZATION, YOU MAY REVOKE IT AT ANY TIME BY SUBMITTING IT IN WRITING.

TO YOUR FAMILY AND FRIENDS

WE MAY DISCLOSE INFORMATION TO FAMILY AND FRIENDS WITH YOUR WRITTEN AUTHORIZATION.

ABUSE AND NEGLECT

WE MAY DISCLOSE YOUR INFORMATION TO APPROPRIATE AUTHORITIES IF WE REASONABLY BELIEVE THAT YOU ARE A POSSIBLE VICTIM OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE OR THE POSSIBLE VICTIM OF OTHER CRIMES. WE MAY DISCLOSE YOUR HEALTH INFORMATION TO THE EXTENT NECESSARY TO AVERT A SERIOUS THREAT TO YOUR HEALTH OR SAFETY OR THE HEALTH AND SAFETY OF OTHERS.

APPOINTMENT REMINDERS

WE MAY DISCLOSE INFORMATION TO REMIND YOU OF YOUR SCHEDULED APPOINTMENTS (SUCH AS VOICEMAIL, POSTCARDS, LETTERS, OR EMAILS, ETC...)

I, _____ HAVE RECEIVED A COPY OF THIS OFFICES NOTICE OF PRIVACY PRACTICES AND GIVE MY AUTHORIZATION TO USE MY HEALTH INFORMATION AS DESCRIBED.

ANY QUESTIONS PLEASE FEEL FREE TO ASK.
ALL ABOUT SMILES IS HERE FOR YOU.