

STATEMENT OF PRIVACY PRACTICES

Our staff is dedicated to protect the privacy right of our patients and the confidential information entrusted in us. The commitment of each employee to ensure that your health information is never compromised is a principle concept of our practice. We may amend our privacy policies and practices but will always inform you of any changes that may affect your rights.

Protecting Your Personal Healthcare Information

We use and disclose the information we collect from you only as allowed by the Healthcare Insurance Portability and Accountability Act. This includes issues relating to your treatment, payment and our dental care operations. You may give written authorization for us to disclose your information to anyone you choose for any purpose, but it will never otherwise be given to anyone.

Our offices are secure from unauthorized access and our employees are trained to make certain the confidentiality of your records is always protected. Our privacy policy and practices apply to all current and former patients.

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 data, medical history, dental records, etc. While most of the information will be collected from you, we may obtain dental information from third parties if it is deemed necessary. Regardless of the source, the information will always be protected to the full extent of the law.

Disclosure of your Protected Health Information

As stated above, we may disclose information required by law. This includes issues in which we reasonably believe you may be a victim of abuse, neglect, domestic violence, or other crimes. We are also obligated to provide information to law enforcement officials under certain circumstances. We will not use your dental information for marketing purposes without your written consent.

We may use and/or disclose your dental information to communicate reminders regarding your appointments via e-mail, voice mail, and postcards.

Patient Rights

You have the right to obtain copies of your dental information. A fee may apply to certain copies. If you believe your rights have been violated, we urge you to notify us immediately. You may also notify the U.S. Department of Human Services.

SIGNATURE _____

DATE _____