Name of Practice

Required language from the Department of Health and Human Services Standards for Privacy of Individually Identifiable Health Information: "THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY."

The Health Insurance Portability and Accountability Act of 1996 requires that health providers keep your medical and dental information private. The HIPAA privacy rule states that health providers must also provide patients with a written Notice of Privacy Practices. This Notice is dated _____. The Privacy Practices described will be in effect after this date and until or if they are replaced. Our office Privacy Practices may change from time to time. If changes are made, a new Notice of Privacy Practices will be displayed in our office and provided to patients. You may obtain additional copies of this Notice on request. Additional information may be obtained from the Contact Officer listed on this brochure.

Uses and Disclosure of Information

(from Department of Health and Human Services, Standards for Privacy of Individually Identifiable Health Information, Parts 160-164) The following describes how information about you may be used.

Treatment Services

We may use or provide your health information to all of our staff members, other dentists, your physicians, and/or other healthcare providers taking care of you. We may also provide mail, phone or electronic contacts as appointment reminders, recommendations of treatment alternatives, information about other health services and/or other office services.

Payment and Operations

We may provide your health information as required to allow for payment for services and participation in quality assurance, disease management, training, licensing, and certification programs.

Marketing

We will not use your health information for marketing purposes without your written consent.

Legal Requirements

We may disclose your health information when required to by law.

Threat to Health and Safety

If abuse or neglect is reasonably suspected, we may disclose your health information to the appropriate governmental authorities.

National Security

When required, we may disclose military personnel health information to the Armed Forces. Information may be given to authorized federal officials when required for intelligence and national security activities. Health information for inmates in custody of law enforcement may also be provided to correctional institutes.

Family Members, Friends, and Others Involved in Care

At your request, we may disclose your health information to a family member or other person if necessary to assist with your treatment and/or payment for services. Based on our judgment and as per 164.522(a) of HIPAA we may disclose your information to these persons in the event of an emergency situation. We also may make information available so that another person may pick up filled prescriptions, medical supplies, records, or x-rays for you. Your information may be disclosed to assist in notifying a family member, care-giver, or personal representative of your location, condition, or death.

Patient Rights

You have the right to see your information and receive copies of your records under most circumstances. Your request must be in writing addressed to the contact officer listed on this brochure. You may be charged for the cost of making copies including the actual copies and staff time. Postage will be added if copies are requested to be mailed. A summary of your health information can also be requested for a fee. Details of all costs are available from the contact officer.

You may request a listing of any situations where we or our business associates disclosed your health information for purposes other than treatment, payment, or other activities for the last six years, but not before April 14, 2003. You may be charged for costs associated with our response.

You may request that we observe additional restrictions on the disclosure of your information. We are not required to agree to these restrictions, but we may do so (except in case of an emergency).

If you believe that changes should be made to your health information, you must request this in writing. You must provide an explanation as to why changes should be made. Even with your request, changes may be refused under certain circumstances.

If you would like to receive your health information in an alternate format or at a specified location you must make your request in writing.