



HIPAA POLICY

Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or dental care operations (TPO) and for other purposes that are permitted or required by law. Protected health information is information about you, including demographic information that may identify you and that relates to your past, present or future conditions and related health care services.

Uses and disclosures of Protected Health Information

Your information may be used by your doctor, our staff, and others outside of our office that are involved in your care and treatment for the purpose of providing dental services to you as required by law.

Treatment

We will use your protected health information to provide, coordinate, or manage your dental care, this includes care with a third party. For example, your information may be provided to another dentist or specialist to be able to diagnose or treat you.

Business Operations

We may disclose your personal information for the purpose of billing your insurance company. We may also call your name in the lobby area when the doctor and or staff is ready to see you.

Permitted and Required uses and Disclosures

You may revoke this authorization at any time in writing, except to the extent that your doctor and practice has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to inspect and copy your protected information, unless it is to be used in a criminal action or proceeding. This information then is protected by law.

You may request a restriction of your protected information for purposes of treatment, payment, and or the disclosure to family members or friends who may be involved in your care. You must state the specific restriction and to whom it applies. Your doctor does not have to agree to the restriction if it is not in your best interest, then you have the right to find another doctor.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file with us by notifying our privacy contact of your complaint.

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main number.

Signature below is the acknowledgement that you received this Notice of our Privacy Practice.

Print name: _____ Date : _____

Signature: _____