



Dental Health Specialists

Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can get access this information. *Please review it carefully.*

At our office, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice, and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.

We may use or disclose your health information for payment of your services. For example, we may provide you with a report of your progress for your insurance company if applicable.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.

We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. For example, we may provide you with appointment reminders such as postcards and/or a phone call. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.

If this practice is sold, your information will become the property of the new owner.

You have the right to transfer copies of your health information to another practice. We will mail your files for you. You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes to your request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have a right to receive a copy of this notice.

For more information about HIPAA or to file a complaint:

The US Department of Health & Human Services/Office of Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

(202) 619 – 0257 | Toll Free: 1-877-696-6775

Acknowledgement (Note: You may refuse to sign this acknowledgment)

I have received a copy of the Notice of Privacy Practices.

Patient Name: _____

Signature: _____ Date: _____

Relationship to patient (if patient is a minor): _____

OFFICE USE ONLY As privacy officer, I attempted to obtain the patient's (or representative's) signature on the Acknowledgement but did not because: It was an emergency treatment, I could not communicate with the patient, The patient refused to sign, The patient was unable to sign because:

Other: _____

Signature of Privacy Officer: _____