

SUMMARY OF NOTICE OF PRIVACY PRACTICES (HIPPA)

The following is a brief summary of your rights and our responsibilities as detailed in the Notice of Privacy Practices Health Insurance Portability Accountability Act (HIPPA). This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review carefully

The privacy of your health and personal information is important to us.

Uses and Disclosures of your Health Information-

We may use the information we develop and collect for treatment by our practice or disclose the information to others to whom we refer you for treatment, for payment for these services and for certain dental care associates such as improving competence and quality for our staff and best planning and management. We may disclose your information to our business associates such as Medical/Dental billing services and others who assist in the operations of our practice. We may call you to remind you of appointments and may leave messages on your answering machine if you have one. We may also disclose information to your family about your general condition. If you are able, we will ask your consent first. Your Medical/Dental information may be disclosed without your authorization as required by law for public health purposes, healthcare oversight, including audits and investigations, judicial and administrative proceedings, subject to the limits by state and federal law and certain other purposes.

Other Uses and Disclosures-

Except as described in the Notice we will not use or disclose your medical information without your written authorization. You can revoke an authorization at any time, except to the extent to which we have already taken action in reliance on the authorization.

Patient Dental Health Information Rights-

You have right to look and get copies of your Dental/Health information, with limited exceptions. You may request that you receive your information from us in a certain way. (You must make a request in writing to obtain access to your Dental/Health information) You may inspect your Dental Medical records. You may request amendment to any record you believe is inaccurate. You may request an accounting of disclosure made of your records.

Changes to the Notice-

We reserve the right to change the notice. If we do so, we will post it in our office and provide a copy upon request.

Complaints-

You may file a complaint with the federal government as detailed in the Notice, you will not be penalized for filling any complaint

Patient or guardian signature _____

Print name _____ Date _____