



NOTICE OF PRIVACY PRACTICES

This notice describes how dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully. We will use and communicate your HEALTH INFORMATION only for the purposes of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

TO PROVIDE TREATMENT:

We will use your health information within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist, and business office staff. In addition we may share your health information with physicians, referring dentists, dental laboratories, pharmacies or other health care personnel providing your treatment.

TO OBTAIN PAYMENT:

Your protected health information will be used, as needed to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to work with companies who have the same commitment to keep the security of your health information.

TO CONDUCT HEALTH CARE OPERATIONS:

We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

PATIENT/APPOINTMENT REMINDERS:

We may use or disclose your health information to provide you with appointment reminders (such as answering machine, voicemail messages, postcards, or letters).

ABUSE OR NEGLECT:

We may notify government authorities if we believe a patient is the victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety of others.

PUBLIC HEALTH & NATIONAL SECURITY:

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate of patient under certain circumstances.

FOR LAW ENFORCEMENT:

We may use or disclose your health information when we are required by law.

CAREGIVERS, FAMILY AND FRIENDS:

We may share your health information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency

