



Acknowledgement of Receipt of Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES This notice describes how health information about you may be used and disclosed. Please review carefully. The privacy of your health information is important to us. **OUR LEGAL DUTY** We are required by law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices and your rights concerning your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health and related health care services. We must follow the privacy practices that are described in this Notice while it is in effect. We may change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We may make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. You may also contact our office by calling our Office Manager and requesting a revised copy be sent to you in the mail. You can also ask for one at the time of your next appointment. The Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations. We will not use or disclose your health information except as these privacy policies and procedures permit or require. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. The Notice also describes your rights to access and control your protected health information. Further, the Notice informs you of your rights to complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. **USES AND DISCLOSURES OF HEALTH INFORMATION.** We may use and disclose health information about you for treatment, payment, and health care operations. If required by our state law, or as directed by the dentist, we will also seek Consent from patient before we use or disclose health information for operational purposes, in addition to obtaining an acknowledgement of the receipt of our notice of privacy procedures. We may also use your health information without authorization from you. Your health information may be used by your dentist and others outside of our office that are involved in your care. Your health information may also be used to pay your health care bills and to support the operation of the dental office.

I have received a copy of this office's Notice of Privacy Practices.

Please Print Name _____ Date: _____

Signature _____ Date _____