

Notice of Privacy Practices Form

Federal law requires that this notice, which describes how health information about you may be used and disclosed and how you can access this information, presents the information that federal law requires us to give our patients. We must provide this notice to each patient no later than the date of our first service delivery to the patient, including service delivered electronically. The law requires that we make a good-faith attempt to obtain written acknowledgement of receipt of this notice from the patient. The law also requires that we provide copies of this notice to any patients who request it and that post the notice in our office in a clear and prominent location. Whenever this notice is revised, we must make it available upon request on or after the effective date of the revision in a manner consistent with the above instructions. This notice went into effect March 1, 2003, and will remain in effect until replaced.

We do, however, reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to 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. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of this notice at any time. For more information about our privacy practices, or for additional copies, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations.

-Treatment: We may use or disclose your health information to a dental specialist or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

-Healthcare 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.

-Your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

-To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health