**Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The United States Department of Health and Human services, effective August 9, 2002, issued comprehensive federal regulations providing for protection of private medical information with which our office must comply. The final regulation, which goes into effect April, 2003, is designed to protect patient’s identifiable health information. These protections are part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). (if more stringent state laws exist, these must be observed).

The HIPAA privacy rule states that after April 14, 2003, health providers must provide patients with a written Notice of Privacy practices and make a good faith attempt to obtain written acknowledgement of such. This information should be provided to patients prior to or at the time of the first delivery of health services, except in cases of emergency. However, if a written acknowledgement is not obtainable, the attempt by the provider to obtain it is sufficient to comply with the rule.

In addition a Notice of Privacy Practices must be displayed prominently and available, for the patients to take home. If this notice is modified in the future, the new version must be displayed and available, and therefore provided to the patients at the time of their first treatment.

Requires language from the Department of Health and Human Services Standards for the Privacy of Individually Identifiable Health information: “THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”

The Health Insurance Portability and Accountability Act of 1996 requires that the health providers keep your medical and dental information private. The HIPAA privacy rule states at health providers must also provide patients with a written Notice of Privacy Practices. This notice is dated 2/15/2003. The Privacy Practices described will be in effect after this date. And until or if they are replaced. Our office privacy Practices may change from time to time. If changes are made, a new Notice of Privacy Practices will be displayed and provided to our patients. You may obtain additional copies of this Notice upon request. Additional information may be obtained by the Contact Officer listed on this notice.

**USES AND DISCLOSURE OF INFORMATION**

(from Department of Health and Human Services. Standards of Privacy of Individually Identifiable Health Information, Parts 160-164) The following describes how information may be used.

**TREATMENT SERVICES**

We may use or provide your health information to all of our staff members, lab technicians, other dentists, your physicians, and/or other healthcare providers taking care of you. We may also provide mail, phone or electronic contacts as appointments reminders, recommendations of treatment alternatives, information about other heath services and/or other office services. We do post daily schedules in the operatories, including name, phone contact, and treatment to be rendered.

**PAYMENT AND OPERATIONS**

We may provide your health information as required to allow for payment of services and participation in quality assurance, disease management, training, licensing, and certification programs.

**MARKETING**

We will not use your health information for marketing purposes without written consent.

**LEGAL REQUIREMENTS**

We may disclose your health information when required by law.

**THREAT TO HEALTH AND SAFETY**

If abuse or neglect is reasonably suspected, we may disclose your health information to the appropriate governmental authorities.

**NATIONAL SECURITY**

When required, we may disclose military personal health information to the Armed forces. Information may be given to authorized federal officials when required for intelligence and national security activated. Health information for inmates in custody of law enforcement may also be provided to correctional institutes.

**FAMILY MEMBERS, FRIENDS, AND OTHERS INVOLVED IN CARE**

At your request, we may disclose our health information to a family member of other person if necessary to assist with treatment and/or payment for services. Based on our judgment and as per 164.522(a) of HIPAA we a may disclose your information to these persons in the event of an emergency situation, We also my make information available so that another person may pick up filled prescriptions, medical supplies, records, or x-rays for you. Your information may ne disclosed to assist in notifying a family member, care giver, or personal representative of your location, condition, or death.

**PATIENT RIGHTS**

You have the right to see your information and receive copies of your records under most circumstances. Your request must be addressed in writing addressed to the contact officer listed on this notice. You may be charged for the cost of making copies including the actual copies and the staff’s time. Postage will be added if request of copies are asked to be mailed. A summary of your health information can also be requested for a fee. Details of all costs are available from our contact officer.

You may request a listing of any situations where we or our business associates disclosed your health information for purposes other than treatment, payment, or other activities for the last years, but not before April 14, 2003. You may be charges for casts associated with our responses.

You may request that we observe additional restrictions on the discloser of your information. We are not required to agree to these restrictions, be we may do so (except in case of an emergency).

If you believe that changes should be made to your health information, you must provide an explanation as to why changes should be made. Even with your request, changes may be refused under certain circumstances.

If you would like to receive your health information in an alternate format or at a specified of at a specified location you must make your request in writing.

**PATIENT AUTHORIZATIONS**

You may give us your written authorization to use or disclose your health information to anyone for any purpose. This authorization may be revoked, in writing, at any time. Without your written authorization, disclosures about your health information are limited to those listed in the Notice.

**QUESTIONS AND COMPLAINTS**

If you have a complaint pr need more information about our privacy practices please let is know. Your complaint may be related to a perceived violation or your privacy rights, access to your health information, requested changes in your records, or for ay other reason. If you want to submit a written complaint to the U.S. Department of Health and Human Services we can provide you with the address. We completely support your right to privacy and will not retaliate should you decide to lodge a complaint.

Contact officer: Dr Graber

Acknowledgement of Receipt of

Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain acknowledgement of receipt of the same: *You may refuse to sign this acknowledgement form.*

By signing this form I confirm that I have received a copy of the office Notice of Privacy Practices.

 Print name:

 Sign Name:

 Date: