**PATIENT RIGHTS AND NOTICE OF PRIVACY PRACTICES**

**Uses or Disclosure With Consent:** : We will ask you to sign a consent form allowing us to use and disclose your health information for purposes of treatment, payment, and health care operations of this office. We are allowed to refuse to treat you if you do not sign the consent form. We may use or disclose your health care information for many reasons. Such uses may include, but are not limited to: When we refer you to another doctor for dental care or services, when we call in a prescription to a pharmacy, or when we call you about a procedure we had pre-authorized by your dental insurance provider. We may leave a message on the answering machine of the telephone number you have provided us, or with another person living at your residence regarding your appointments. We may discuss your exam results with a family member or care giver that accompanies you to your appointment upon your request. We may disclose your medical information in case of emergency. We also use your health information for payment purposes, bill collection, and account reimbursement.

**Uses or Disclosures Without Consent:** In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at all. Such uses or disclosures can be, but are not limited to: When a state or federal law mandates that certain health information be reported for a specific purpose. Disclosures to governmental authorities about victims of suspected, abuse, neglect, or domestic violence. Uses and disclosures for health oversight activities, such as for the licensing of doctors, for audits by Medicaid, or for investigation of possible violations of health care laws. Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies.

**Access:** You have the right to look at or receive copies of your health care information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will make every effort to supply you with the desired format unless we cannot practically do so. Requests for your medical records must be made in writing. You may receive a form by contacting our office or you may request access by sending a written letter to our business address. We will charge you a reasonable cost-based fee for expenses related to copies and staff time. If you request paper copies, we will charge you at a minimum $1.00 for each page, $15.00 per hour for staff time, and postage if you want the information mailed to you. If another format is requested, we will charge you a cost- based fee for providing you your healthcare information. You may contact our office at any time for a full explanation of our fee schedule.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and/or certain other activities for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by that agreement except in cases of emergency.

**Alternative Communication:** You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations. You must specify the means and/or location, and provide satisfactory explanation of how payments will be handled under this request.

**Amendment:** You have the right to request in writing that we amend your health information. Adequate explanation is required and we may deny your request under certain circumstances.

**Electronic Notice:** If you receive this notice from our website or by electronic mail, you are entitled to receive this notice in written form.

**Questions And Complaints:** If you would like more information about our privacy practices or any have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or locales, you may send a written complaint to our business address. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with their address upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.



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