

## Notice of Privacy Practices (Dental)

*This Notice Describes how medical information about you may be used and disclosed and how you can get access to the information.  
Please review it carefully.*

The Health Insurance Portability & Accountability Act of 1996 ("HIPPA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPPA" provides penalties for covered entities that misuse personal health information.

As required by HIPPA we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclosure your health information. *Such as Treatments, Payments, Health Care Operations.* We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of *April 27, 2006*. And we are required to abide by the terms of Notice of Privacy Practices currently in effect. We reserve the right to change the terms our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with your office, or the Department of Health & Human Resources, Office of Civil Rights, about violations of the provisions of this office notice or the policies and procedure of our office. We will not retaliate against you for filing a complaint.

*The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202)-619-0527 or Toll Free: (877)-696-6775*