



Gentle Excellence in Family and Cosmetic Dentistry

## HIPAA 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.

This Notice of Privacy describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations, and any other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and related health care services.

### 1. Uses and disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

### 2. Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the management or coordination of your health care with a third party. For example, your protected health information may be provided to a dental specialist to whom you have been referred to ensure that the specialist has the necessary information for your consultation.

### 3. Payment

Your protected health information will be used, as needed, to obtain payment for your health care services we provide for you.

### 4. Communications

We are committed to providing you with the best dental care. In order to achieve these goals we need your assistance. We can improve our communication with you and your family with any health tips and specials.

I have read and understand this notice.

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient/Parent/Guardian)