

This notice describes how we may use, disclose your protective to carry out treatment, payment, or health care operation and for other purposes that are permitted or required by law, and also how you can get access to this information. Please review it carefully.

## **How We May Use and Disclose Your Protected Health Information**

### **For treatment**

We will use and disclose your protected health information to provide, coordinate, or manage your dental treatment. We may also disclose protected health information to other physicians who may be treating you.

### **For payment**

Your protected health information will be used, as needed, to obtain payment for your dental services. This may include making predetermination of eligibility or coverage for dental benefits.

### **Appointment Reminders/Treatment alternatives/Dental-related Benefits and Services**

We may use and disclose your protected health information to contact you to remind you that you have an appointment for dental treatment, or to contact you to tell you about possible treatment options or alternatives or dental related benefits and services that may be of interest to you.

### **Plan Sponsor**

If your coverage is through an employer sponsored group dental plan, we may share protected health information with your plan sponsor.

### **Required by Law**

We may use or disclose your health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

### **Business Associates**

We may disclose your protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

### **Abuse or Neglect**

We may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

### **Worker's Compensation**

Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

### **For Data Breach Notification Purpose**

We may use or disclose your protected health information to provide legally required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan, if applicable, through which you receive coverage.

## **Your Rights Regarding Health Information About You**

You have the right to inspect and copy your protected health information.

You have the right to request a restriction of your protected health information.

You have the right to restrict information given to your third-party payer if you fully pay for the services out of your pocket.

You have the right to request to receive confidential communications from us by alternative means or at location.

You may have the right to receive notice of a security breach.

## **HIPPA Notice of Privacy Practice Acknowledgement**

I acknowledge that I have seen the HIPPA Notice of privacy and have had an opportunity to read it and obtain a copy of it.

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Today's Date** \_\_\_\_\_