

NOTICE OF PRIVACY POLICY

This notice describes how your child's dental information may be used or disclosed and how you can access this information. Please review it carefully

We are required by law (HIPAA) to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. The law permits us to use/disclose your child's information to those involved in their treatment, for example, a specialist may request their file if he is involved in their treatment.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

TO CONTACT YOU

We may use your protected health information to contact you to remind you about appointments, inform you about treatment options, or advise you about other health-related benefits and services.

PAYMENT

We may use and disclose your child's protected health information to obtain or provide payment for your dental services. Your insurance company or health plan may need your information for activities such as determining eligibility or coverage for insurance benefits and reviewing services provided to you.

BUSINESS ASSOCIATES

We may disclose your protected health information to third parties that perform services, such as billing or legal services. We have written contracts with third parties requiring them to protect the privacy of your protected health information.

FAMILY AND FRIENDS

In case of an emergency, we may disclose your child's dental information to a family member or another responsible adult for their care.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITH YOUR AUTHORIZATION.

All uses and disclosures of your protected health information not covered by this Notice will be made only with your written authorization. For example, we will not sell your protected health information without your written authorization. Federal and state laws may provide additional protections or further limit how we may use or disclose your protected health information. We will comply with these laws and, when necessary, ask for your authorization to use or disclose your protected health information. Examples of protected health information that may be subject to special protections include psychotherapy notes, genetic information, mental health information, HIV/AIDS test results or information, reproductive health information, sexually transmitted or other communicable disease information, and alcohol or substance use disorder information. You may revoke any authorization, at any time, by notifying, in writing, our Privacy Contact. If you revoke your authorization, we will no longer use or disclose your protected health information as allowed by the authorization, except to the extent we have already relied on the authorization.

YOUR RIGHTS WITH RESPECT TO PROTECTED HEALTH INFORMATION. You have the right to see and request a copy of your child's dental information with a few exceptions. After a release form is signed we will email their records as requested, there may be a reasonable fee for the copies. You have the right to request an amendment/change of your child's dental information. You have the right to transfer your child's dental information to another dentist.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE.

If any details in this notice are changed we will notify you of the changes in writing. If we are unable to resolve your concerns, you have the right to file a complaint with the Department of Health and Human Services.

200 Independence Ave. S.W. Rm509F, Washington, DC 20201.

This notice is effective March 1, 2022.

I HAVE READ AND RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICES.

PATIENT'S NAME

First Name

-

Last Name

-

GUARDIAN/PARENT NAME

-

GUARDIAN/PARENT SIGNATURE (ESign)

Date :