

# PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

Your protected health information (i.e., names, dates, phone/fax numbers, home and e-mail addresses, social security numbers and demographic data) may be used or disclosed by us in one or more of the following respects:

- \* To other health care providers (i.e. your general dentist, oral surgeon, etc.) in connection with our rendering orthodontic treatment to you;
- \* To third party payers or spouses in order to obtain payment of your account;
- \* To certifying, licensing and accrediting bodies(i.e the American Board of Orthodontics, state dental boards) in connection with obtaining certification, licensure or accreditation;
- \* Internally, to all staff members who have any role in your treatment;
- \* To other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc;
- \* To your family and close friends involved in your treatment; and/or
- \* We may contact you to provide appointment reminders or information about treatment alternatives or health related benefits that may be of interest to you.

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke.

**Under the new privacy rules, you have the right to:**

- \* Request restrictions on the use and disclosure of your protected health information;
- \* Request confidential communication of your protected health information;
- \* Inspect and obtain copies of your protected health information by asking us;
- \* Amend and modify your protected health information in certain circumstances;
- \* Receive an accounting of certain disclosure made by us of your protected information; and,
- \* You may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights by submitting inquiries to our privacy contact person at our address or the US Sec. of Health and Human Services (which must be filed within 180 days)

**We have the following duties under the privacy rules:**

- \* By law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information;
- \* To abide by the terms of our Privacy Notice that is currently in effect; and,
- \* To advise you of our right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information maintained by us, and that if we do so, we will provide you with a copy of the revised Privacy Notice.

**Please note that we are not obligated to:**

- \*Honor any request by you to restrict the use or disclosure of your protected health information;
- \*Amend your protected health information if for example, it is accurate and complete; or,
- \*Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.

## PATIENT ACKNOWLEDGEMENT

**I hereby acknowledge that I have reviewed this privacy notice.**

\_\_\_\_\_  
**PATIENT OR GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME**