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Summary of Privacy Practices

This summary of our privacy practice contains a condensed version of our Notice of Privacy Practices. Our full-length notice is available upon request.

Date of Last Revision: 07/14/2010
Effective date: Immediately

This Notice Describes How Medical Information About You May Be Used And/Or Disclosed And How You Can Get Access To This Information. Please Review It Carefully!

We understand that your medical /dental information is personal to you and we are committed to to protecting the information about you. As our patient, we create a patient file about your health, and care for you and the services we provide to you as a patient. By law, we are required to make sure that your protected health and personal information is kept private.

Here are a few examples of how we use or disclose your information:

For Medical/Dental treatment
- To obtain payment for our services
- In emergency situations
- For appointment confirmation/reminder calls
- To verify insurance coverage and/or benefits
- To release information on required school forms
- To release information to outside practitioners if patient requires work to be done outside the office.

If you believe your rights have been violated, you may file a complaint with the Practice or with the Dept. of Health and Humane Services. To file a complaint with the practice contact our office manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint. You have certain rights regarding the information we maintain about you. These rights include:

- The right to inspect, copy and amend
- The right to an accounting of disclosures
- The right to request restrictions
- The right to a copy of this notice
- The right to request confidential communications

For more information about these rights- please see the detailed Notice of Privacy practices that are posted in our office.

Signature of Patient or Guardian:

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