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NOTICE OF PRIVACY PRACTICES

Protecting your confidential health information is important to us. This notice describes how health information about you may be used and disclosed and how you can get access to this information. ***Please review it carefully and sign below. Thank you.***

Dear Patient,

It is our desire to communicate to you that we are taking the new Federal (HIPAA-Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your **health information** seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

So what has changed? Why a privacy policy now? Very good question! The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of **health information** is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your **health information**. This information is used within our computers but also with the Internet, phone, faxes, copy machines, and charts. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your **health information** everywhere it is used.

We want you to know these policies and procedures which we developed to make sure your **health information** will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws; we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate your **health information** only for the purposes of providing your treatment, obtaining payment and conducting healthcare operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

How your health information may be used. To provide treatment. We will use your **health information** within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist, and business office staff. In addition, we may share your **health information** with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing you treatment.

To obtain payment. We may include your **health information** with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your **health information** (at this time, we are not sending your information electronically through the computer.)

To conduct health care operations. Your **health information** may be used during performance evaluations of our staff. Some of our best teaching opportunities use clinical situations experienced by patients receiving care at our office. As a result, **health information** may be included in training associates, business and clinical employees. It is also possible that **health information** will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities.

In patient reminders. Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventive and restorative care modern dentistry can provide. They may include postcards, letters and telephone reminders.

I acknowledge receipt and have reviewed the Notice of Privacy Practices for Michael I. Kulick, D.D.S. and Associates, Inc.

X

Patient Signature

Date