

OFFICE PRIVACY POLICY

This Notice describes the privacy policies of this dental office. This office strives to maintain confidentially dental and health information. In this summary we describe how this confidential information is used and disclosed and how you can gain access to this confidential information.

BACKGROUND INFORMATION:

We are required by applicable law to maintain confidentially of dental health information generated for patients during the course of treatment. We are required to notify all patients about our practices and your rights concerning your health information. We reserve the right to change the privacy practices of this office and terms of this notice at any time, provided that such changes are welcome to request copies of our office policies at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment: We may use or disclose your dental health information to dental colleagues, your physician or other health care providers rendering treatment.

Payment: We may use and disclose your dental information through regular mail, fax or electronic transmission to your dental insurance carrier to obtain payment for services rendered. Limited treatment information may also be disclosed to billing services which assist the office in preparing monthly billing statements.

Dental Practice Operations: We may use and disclose your health information in conjunction with our health care operations.

Your Authorizations: In addition to our use of your health information for treatment, payment, or dental practice operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose.

Disclosure to Family and Friends: You have the right for us to disclose your own personal dental health information.

Persons Involved in Care: We may use or disclose dental health information to identify or assist in the identification of yourself or a family member in conjunction with a forensic investigation.

Marketing: We will not use your dental health information or images of your face for marketing communications without your specific written authorization to do so.

Subpoena: We may use or disclose your health information when we are required to do so by law through a subpoena.

Appointment Reminders: We may disclose basic dental information insofar as the fact that you have a dental appointment scheduled in the form of appointment reminders such as voice messages postcards, letters, or e-mail messages.

Abuse or Neglect: We may disclose dental information of minor patients to appropriate authorities if we have reason to believe that they are possible victims of abuse, neglect, or domestic violence or possible victim of other crimes.

Patients Rights: You have the right to read over or obtain copies of your dental health information, with limited exceptions. Utah law r-156-69-205(7) specifies that original records must remain in possession of the treating dentist for seven years, but you may request copies to be made.

Questions and Complaints: If you want additional information about our privacy policies or have questions or concerns, you should contact our privacy officer, if you believe or are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your dental health information, you may complain to us in writing and give to our privacy officer. You may also correspond with the U.S. Department of Health and Human Services upon request.

Signature: _____ **Date:** _____