

NOTICE OF PRIVACY PRACTICES
DAVIS & GOLDBERG ORTHODONTICS

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED
OR DISCLOSED AND HOW YOU MAY GAIN ACCESS TO IT.

Your protected medical information (i.e., individually identifiable information, such as names, dates, phone/fax numbers, email addresses 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 (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) In order to obtain payment of your account;
- To certifying, licensing and accrediting bodies (i.e., the American Board of Orthodontics, state dental boards, etc.) 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 conversations 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 other health-related benefits and services that may be of interest to you.

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 through asking us;
- Amend or modify your protected health information;
- Receive an accounting of certain disclosures made by us of your protected health information;
- You may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights with us (by submitting inquiries to our Privacy Contact Person at our office address) or the United States Secretary of Health and Human Services (which must be filed within 180 days of the violation).

We have the following duties under the privacy rules:

- To obtain your written consent to use your protected patient information for treatment, payment or health care operations, and to refuse treatment if you refuse to sign the Consent Form;
- To obtain satisfactory assurances from our business associates who render services to our office that your protected health information will be safeguarded by them;
- To use reasonable efforts to limit the amount of protected health information that is used, disclosed, or requested;
- 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 overheard by other patients and third parties.

This privacy notice is effective as of the date of your signature. If you have any questions about the information in this Notice, please ask for our Privacy Contact Person.

I give permission to share the above noted information with:

_____ (Relationship) _____

_____ (Relationship) _____

PATIENT ACKNOWLEDGEMENT

I hereby acknowledge that I have received and reviewed a copy of this Privacy Notice.

Patient/Guardian Signature

Date

Patient Name