



## **STATEMENT OF PRIVACY PRACTICES**

Our office is dedicated to protecting the privacy rights of our patients, and the confidential information that you have entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice. We may, from time to time, amend our privacy policy, but we will always inform you of any changes that may affect your rights.

### **PROTECTING YOUR PERSONAL INFORMATION**

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act (HIPAA), and the State of Washington. This includes issues relating to your treatment, payment, and dental care protocol. Your personal health information will never be otherwise given to anyone, even family members, without your written consent. Of course, you may give written authorization for us to disclose information to anyone you choose, for any purpose.

Our office and electronic systems are secure from unauthorized access. Our employees are trained to assure that the confidentiality of your records is always protected. Our privacy policy and practices apply to former, current, and future employees. You can be confident that your protected healthcare information will never be improperly disclosed or released.

### **COLLECTING PROTECTED HEALTH INFORMATION**

We will request only the personal information needed to provide our high quality of dental care, implement payment activities, conduct normal dental practice operations, and comply with the law. This may include your name, address, telephone numbers, Social Security Number, employment information, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

### **DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental personnel under certain circumstances. We will not use your information for marketing purposes without your written consent. We may use and/or disclose, your health information to communicate reminders about your appointments including voice messages, answering machines, and postcards.

### **PATIENT RIGHTS**

You have a right to request copies of your healthcare information; to request copies in a variety of formats; and to request a list of instances in which we, or our business associates, have disclosed your protected information for uses other than those stated above.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_