

Dental Pyramids P. C.

NOTICE OF PRIVACY PRACTICES

Healthcare Information uses and Disclosures:

Your healthcare information is used and disclosed for treatment, payment, and healthcare operations; for example

Treatment:

Our office may use or disclose your healthcare information to a physician or other healthcare provider who is providing treatment to you.

Healthcare Operations:

Our office will use and disclose your healthcare information in association with our healthcare operations. These operations include but are not limited to: evaluation and review of healthcare professionals quality reviews, assessments improvement and training activities licensing and credentialing activities and certification and accreditation programs.

Family and friends:

Healthcare information only be released to you unless you have authorized our office to disclose information to a family member, friend or other person. We will only disclose the information that may necessary to help with your treatment or payment of your healthcare with your permission.

Persons involved in your care.

Our office may use or disclose your private health information if it is necessary to notify or aid in the notification of family member, personal representative or another person responsible for your care of your location, your general condition or death. If you are present and capable of deciding what information and to whom that information should be released, you will be given that option. If you are incapacitated because of an emergency, we will use or disclose only that private health information that is deemed necessary in our professional judgment and experience to make reasonable recommendations of your best interest in allowing another individual to pick-up prescriptions, medical supplies, x-rays or other similar forms of healthcare information.

Abuse or Neglect:

Our office will notify the appropriate authorities if we have reason to believe that you have been a victim of abuse, neglect or domestic violence. We may disclose your personal health information to the degree necessary to prevent or avert any serious threats to your health or safety or the health or safety of others. National Security: We may disclose to military officials the health information of Armed Forces personnel under certain circumstances as dictated by federal regulation. We may disclose this information of inmates to correctional instructions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances as directed by federal regulation.

Appointment Reminders:

We may use or disclose your health information to provide you with appointment reminders (such as voice mails, messages, postcards, or letters.)

Patient Right

Access: your personal health information, with limited exceptions. You may ask that we provide these copies in a format other than photocopies. (To obtain access to your healthcare information, you must make the request in writing. You can either send a letter detailing the request or contact our office for a form letter. We may apply reasonable charges to cover staff time to locate and copy these records. Restriction: You have the right to request that we place restrictions on our use or the disclosure of your personal healthcare information. We are not required to abide by these requested restrictions, but if we do, we will accept your request (except in emergency situations). Alternative Communication: You have the right to request that we communicate with you about your health information by other forms of communication or to other locations. (These requests must be made in writing). Your request must specify the form of communication, or the alternate location, and provide satisfactory explanation how payments will be handled under these alternate circumstances. Amendment: You have the right to request that we amend your healthcare information. Your request must be made in writing and it must explain why the information should be amended. We have the right to deny this request under certain circumstances as dictated by the federal regulations... You may also contact the Department of Health and Human Services in writing. We will be happy to provide you with the mailing information upon request.

Patient Name: _____ Patient Signature _____