



PRIVACY POLICY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED/ DISCLOSED AND, HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Your protected health information, such as names, dates, phone/fax numbers, social security numbers, and demographic data may be used to disclose 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 (i.e. to determine the results of cleanings, surgery, etc.)

To the third party payors or spouses (i.e) insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.), in order to obtain payment of your account (i.e to determine benefits, dates of payment of etc.) To certifying, licensing and accrediting bodies (i.e. The American Board of Orthodontics, State Dental Board, 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 incidental disclosures about your treatment, scheduling, etc. To your family and close friends involved in your treatment.

We may contact you to provide appointments, reminders or information about treatment alternatives or other health related benefits and services, that may be of interest to you. Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke.

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 information.

Inspect and obtain copies of your protected health information through asking us.

Amend or modify your protected health information in certain circumstances.

Receiving and accounting of certain disclosures made by us, your protected health information, and you may without risk of retaliation file a complaint of 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 of Health Services (which must be filed within 180 days of violation.

WE HAVE THE FOLLOWING DUTIES UNDER THE PRIVACY RULES:

By law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and our privacy practices with respect to such information.

To abide by terms of our Privacy Notice that is currently in effect; to advise you of your rights to change the terms of our 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 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 incidentally overheard by other patients and third party. This Privacy Notice is effective at the date of your signing. If you have any questions about the information in this notice, please ask for our privacy contact person.

PATIENT ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE THAT I RECEIVED AND REVIEWED A COPY OF THIS NOTICE.

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Patient/Parent/Guardian

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Date