

**NOTICE OF  
PRIVACY PRACTICES**

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

**Uses and disclosures of health information** – We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment** – We may use or disclose your health information, treatment plan & options, or treatment rendered to a dentist, dental specialist, physician, other healthcare provider, family member, friend, custodian, or guardian.

**Payment** – We may use and disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations** – We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

**Your Authorization** – In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. You also have the right to request restrictions on disclosure of PHI (Personal Health Information), or alternative means of communication to ensure privacy.

**Marketing Health-Related Services** – We will not use your health information for marketing communications without your written authorization.

**Required by Law** – We may use or disclose your health information when we are required to do so by law, in a court of law, or national security activities.

**Abuse or Neglect** – We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

**Appointment Reminders** – We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

**Patient Records** – A patient, or a parent/guardian of a minor patient, may obtain an exact copy of the patients' dental record by submitting a written request to this Office. Within thirty(30) days of receiving such a request, the patient, or the dentist/specialist designated by the patient, will be provided an exact copy of his/her dental record prepared and maintained by this Office. This Office may charge the patient a fee allowable under Pennsylvania law for the costs associated with the reproduction of the patient's record.

**Amendment:** You have the right to request that we amend our health information.

**Questions and Complaints** – If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy right, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may submit a written complaint to us &/or the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. A Privacy/Contact Person has been designated for this office. Please ask Dr. Taras or our office manager.

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT  
FOR NECESSARY USE OF PERSONAL HEALTH INFORMATION.

On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ I, \_\_\_\_\_, have received a copy of this  
(Signature of patient)

office's NOTICE OF PRIVACY PRACTICES as required by federal law and consent to the use and disclosure of my personal health, dental, and treatment information by your office, before, during, & after treatment, billing/payment, and dental office operations as outlined in the Notice of Privacy Practices.