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DENTAL

Offices of M. Zamora D.M.D.

Notice of Patient Privacy Practices

This notice describes how medical/protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Summary:

By law, we are required to provide you with our Notice of Privacy Practices (NPP). This notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient, you have the following rights:

- 1) The right to inspect and copy your information
- 2) The right to request corrections to your information
- 3) The right to request that your information be restricted
- 4) The right to request confidential communications
- 5) The right to report disclosures of your information
- 6) The right to a paper copy of this Notice

We want to assure you that your medical/protected health information is secure with us. This Notice of Privacy Practice contains information about how we will insure that your information remains private.

Please list all the telephone numbers where we may contact you:

Please list the names of all people (e.g. spouse, parents, grandparents, etc) you authorize us to release your health information to, including copies of your records if needed:

Acknowledgment of Notice of Privacy Practice:

I hereby acknowledge that I have reviewed this practice's Notice of Privacy Practice. I further understand that the practice will offer me updates to this Notice of Privacy Practice. Should it be amended, modified, or changed in any way, I will receive a copy.

Printed name

Signature of Patient

Date