



PRIVACY POLICY AND PRACTICES FOR THIS OFFICE

We value our patient's trust and are committed to responsible management and protection of personal information. This policy statement describes our policy regarding the collection, disclosure and protection of personal information.

Personal Information Collection and Use:

1. We only collect from our families' information that is required in order to help us perform our legal, ethical, medical, insurance and other requirements we have as a business and a health care provider.
2. We collect this information, in most instances, directly from the families that come to us for care, from transactions with us and from the insurance companies with which they have dental coverage.
3. Information is collected in order to help us perform our legal, ethical, medical, insurance and other requirements we have as a business and a health care provider.

Personal Information Sharing/Choice/Consent:

1. We do not share this information with anyone else except as authorized by the family who gave us the information or as otherwise permitted or required by law.
2. Authorization is often given to share portions of the information with insurance companies, other health care providers the family may be referred to for care, etc.

Information Security:

1. We use manual and electronic security procedures to maintain the confidentiality and integrity of personal information in our possession and guard against its unauthorized access. Some of the techniques we employ include secured files, user authentication, encryption, firewall technology and the use of detection software.
2. We value and safeguard the privacy of information our families share with us.
3. Only employees, who need to use the information to serve the patient, access our patient care database.
4. Patient records are kept in an area that is only accessed by employees of the practice.
5. Employees who violate our Privacy Policy will be subject to disciplinary action, which may include termination.

Data Quality:

1. It is important to this office to have accurate data on the families we serve.
2. Responsible family members may review and correct inaccuracies in the information we have about them at any time. In fact, they are encouraged to do so.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Please print your name here

Signature

Date

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- ☐ The patient refused to sign.
- ☐ Due to an emergency situation it was not possible to obtain an acknowledgement.
- ☐ We weren't able to communicate with the patient.
- ☐ Other *(Please provide specific details)*

Employee signature

Date