



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

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice. We reserve the right to change our privacy practices and the terms of this notice at any time, within application of the law. You may request a copy of our notice at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

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 improvement activities, conducting education programs, scientific meetings, accreditations, certification, licensing or credentialing activities.

Authorization: Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

Persons Involved in Care: We may disclose health information to persons involved with your care based on our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment in allowing a person to pick up medications, medical supplies, x-rays or other similar forms of health information.

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.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim or the possible victim of other crimes.

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

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for the expenses involved, such as copies and staff time.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request.

By signing below, I give Clark Dental Group my consent to release my financial history (including statement dates, payments, etc); clinical notes, insurance documents (including EOB's), pertinent radiographs, and lab notes to better understand the timeline of my case. By releasing all the above information this will create an accurate timeline for all parties to follow and understand the actual events as they happened.

Signature: _____ Date: _____