



1. Our Legal Duty

The privacy of your medical information to us. We understand that your medical information is personal in nature and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Law Requires Us To:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We Have The Right To:

1. Change our privacy practices and the terms of this notice at any time, if law permits the changes.
2. Make the changes in our privacy practices and the new term of our notice effective for all medical information that we keep, including information previously created or received before the change.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

2. Use and Disclosure of Your Medical Information

We are permitted to use and disclose health information in the following ways. We will not use or disclose your health information for any purpose not listed below, without your specific written authorization.

For Treatment:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, hygienists, dental assistants, technicians, or other people who are rendering health services to you.

For Payment:

We may disclose your medical information for payment purposes.

For Health Care Operations:

We may use and disclose your health information for our health care operations. This might include measuring and improving quality, evaluating employee performance, staff training, and getting necessary training, accreditation, certifications, and credentials we need to serve you.

Additional Uses and Disclosures:

In addition to using and disclosing for previous listed reasons, we may use and disclose health information for the following purposes:

Research in Limited Circumstances

Only research approved by a review board.

Funeral Director, Coroner, Medical Examiner:

We may share health information about a patient who has died with the medical examiner, coroner, or other legal authorities.

Court Orders and Judicial and Administrative Proceedings:

We may disclose health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your health information with law enforcement officials.

Public Health Activities:

As required by law, we may disclose your health information to public health officials charged with preventing or controlling disease, injury, or disability, including child abuse or neglect. We may disclose your health information to persons subject to jurisdiction of the Food and Drug Administration (FDA) for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs, or replacements. We may also, when authorized by the law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading disease or condition.

Victims of Abuse, Neglect, or Domestic Violence:

We may disclose health information if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or another crime. We may share your information if it is necessary to prevent serious threat to your health or safety.

Workers Compensation:

We may disclose health information when authorized to and necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities:

We may disclose health information to an agency providing health oversight activities by law, including audits, civil, administrative, or criminal investigations and inspection, licenses, or disciplinary actions or other authorized activities.

Law Enforcement:

Under certain circumstances, we may disclose health information to law enforcement officials as required by law.

3. Your Individual Rights

You have the right to:

1. Look or obtain copies of your health information. You must make request in writing. Our office has copies of the form needed to request copies. There may be fees associated with copies and postage, if you request the information mailed.
2. Receive a list of the times our office shared your health information.
3. Request that we place additional restrictions on our use and disclosure of your health information.
4. Request that we communicate with you about your health information by different means or to different locations. Your request must be made in writing.
5. Request that we change your health information. Your request must be in writing and explain why the information should be amended.
6. Request a copy of this notice. Ask our front desk for a copy.

Questions and Complaints

If you need more information, have questions, or concerns, please contact us. If you feel that your privacy rights have been violated you may contact our Privacy Officer or you may contact the U.S. Department of Health & Human Services. There will be no retaliation for complaints filed.



FORD
FAMILY DENTAL

Acknowledgment of Receipt of Notice of Privacy Practices

I have received the practice's Notice of Privacy Practices and I have been provided an opportunity to review it.

Patient Name: _____

Signature : _____

Date : _____

Please ask the receptionist if you would like a copy of our Privacy Act.