



NOTICE OF PRIVACY PRACTICES

The privacy of your personal, dental and financial information is very important to us! This notice describes how your personal information may be used and disclosed as well as how you can get access to this information. Please review it carefully.

We are committed to maintaining the confidentiality of your personal, dental and financial information, which we refer to collectively as your "personal information." This Notice of Privacy Practices informs you about how we use your personal information and your rights regarding that information. We compile your personal information directly from you.

The effective date of this notice is January 1, 2015. It will remain in effect until we replace it. This notice pertains to you and your covered dependents. Please share it with covered dependents.

OUR RESPONSIBILITIES TO PROTECT YOUR PERSONAL INFORMATION

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) we are required to take measures to protect the privacy of your personal information. Examples of personal information include your name, Social Security Number, address, phone numbers, account number, employment, dental history, health records, claims information, etc.

We protect your personal information in variety of ways. For example, we authorize access to your personal information only by our employees and business associates and only to the extent necessary to conduct our business of treating you, such as paying your insurance claims. We take steps to secure our electronic system from unauthorized access. We train our employees on our written confidentiality policy and procedures. Our privacy policy and practices apply equally to personal information about current and former patients; we will protect the privacy of your information even if you are no longer active in our practice.

We are required by law to:

- Protect the privacy of your personal information;
- Provide this notice, explaining our duties and privacy practices regarding your personal information; and
- Abide by the terms of this Notice.

Please sign to acknowledge receipt of this Notice:

Signed _____

Date _____