

Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.

- Your protected health information (i.e., your general dentist, oral surgeon, etc.) in connection with our rendering of dental treatment to you (i.e., to determine the results of cleanings, surgery etc.).
- To third party payers or spouses (i.e., insurance companies, employers with direct reimbursements, administrators of flexible spending accounts, etc.)
- To certifying, licensing and accrediting bodies (i.e., state dental boards, etc.) in connection with obtaining certification, licensing, or accreditation.
- Internally, to all staff members who have any role in your treatment.
- We may contact you to provide reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

How would you like our office to get in contact with you, (**Please provide the contact number you prefer**).

Home _____ Cell _____ Work _____
Other _____ Email _____

Any other use or disclosure of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke. Under the new privacy rule, you have the right to:

- Request restriction on the use and disclosure of your personal health information.
- Request confidential communications or your protected health information.
- Inspect and obtain copies of your personal health information through asking us.
- Amend or modify your protected health information in certain circumstances.
- Receive and accounting of certain disclosures made by us on your protected health information and,
- You may, without risk of retaliation, file a complaint as to any violation by us or your privacy rights with us (by submitting inquires to our Privacy Contact Person at our office address) or the United States Secretary of Health and Human Services (which must be filed within 180 day of Violation).

Continue on back.

We have the following duties under the privacy rules:

- By law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information.
- To abide by the terms of our Privacy Notice that is currently in effect.
- To advise you of your rights to change the terms of this Privacy Notice and to make the new notice provision effective for all protected health information maintained by us, and that we do so, we will provide you with a copy of the revised Privacy Notice.

This privacy notice is effective as of April 14, 2003. If you have any questions about the information in this notice, please ask our Privacy Contact Person or direct your questions to this person at the phone number or address above. Thank you.

Patient Acknowledgement

I hereby acknowledge that I have received and reviewed a copy of this Privacy Notice for the office of Dr. David Currie D.D.S.

Patient or Legal Guardian Signature:

Patient _____ Date _____

Patient _____ Date _____

Patient _____ Date _____

Patient _____ Date _____

Patient _____ Date _____

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