

Notice of Privacy Practices

This notice describes how medical/protected health information may be used and disclosed and how you can get access to this information.

By law, we are required to provide you with this notice.

As a patient, you have the following rights:

1. The right to inspect and copy your information
2. The right to request corrections to your information
3. The right to request that your information be restricted
4. The right to request confidential communications
5. The right to a report of the disclosures of your information; and
6. The right to a paper copy of this notice.

We assure you that your protected health information is secure with us. We will only disclose information to another dental professional, pharmacist, etc. to aid in your treatment or if required by law. We may disclose information to your insurance carrier. We may disclose this information if necessary to collect payment. We will use your name, address, phone number or email address to contact you regarding appointments or your care.

If you have questions about this notice you can contact Stacy, 425-746-2038.

You also have the right to lodge a complaint with the Secretary of the Department of Health and Human Services. If you do so, or lodge a complaint with our office, your care will continue and you will not be disadvantaged by this office or our staff in any manner.

This notice is effective as of February 12, 2013. My signature acknowledges I have received a copy of this notice, which will be stored in my file unless I request a copy to take home.

Printed Name

Signature

Date

If you are a minor or are being represented by another party:

Personal Rep. Printed

Signature

Date

Description of authority to act on behalf of patient: _____