

NEW HOPE DENTAL CARE
Notice of Privacy Practices
(Please Review carefully and Sign)

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 reserve the right to change our privacy practices and term of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us.

We use and disclose health information about you for treatment, payment, and healthcare operations. We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. We may use and disclose your health information to obtain payment for services we provided. We may use and disclose your health information in connection with our healthcare operations.

We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. We may use or disclose health information to notify, or assist in the notification of a family member, your personal representative or another person responsible for our care, of your location, your general condition, or death. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, medical supplies, x-rays, or other similar forms of health information.

We will not use your health information for marketing communications without your written authorization.

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 of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization; you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

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

ACKNOWLEDGEMENT I HAVE READ THE NOTICE OF PRIVACY PRACTICES

I, _____ have read this office's Notice of Privacy Practices. (You may have a copy of this notice at your request.)

(Please Print Name)

Signature

Date

If there is anyone we may release your information to, (treatment or financially), please print their name and your relationship with this person.

Full Name: _____

Relationship to patient: _____