

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our commitment here at Division Smiles is to serve our customers with professionalism and caring, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interests it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where information may be shared:

- During treatment, we may find it necessary to acquire lab analysis
- For payment purposes, we may use the services of a billing service
- During dental care operations, we may need a second opinion
- Referral to specialist may require a sharing of information
- Release of information at your request

We are committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures that the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

May we phone, email, or send a text to you to confirm appointments? YES NO

May we leave a message on your answering machine at home or on your cell phone? YES NO

May we discuss your medical condition with any member of your family? YES NO

If YES, please name the members allowed:

If you have any questions or comments regarding your Protected Health Information, please contact our office at (503) 760-1341.

I have read and understand the above Notice of Privacy Practices.

Signature: _____ Date: _____
(Patient or Legal Guardian)

Printed Name: _____