

HIPPA/Notice of Privacy Practices

GentleCare Dentistry is required by law to maintain the privacy of your protected health information. We will not disclose or use your protected information for any reason except for those described in this notice below, unless we have received written authorizaion from you. We may use and disclose health information in order to coordinate treatment with other health care providers who are involved, as disclosed by you, in your treatment. We may use and disclose health information in order to file insurance claims to the insurance company(ies) designated by you.

*We may discuss and disclose health information for minor patients with parents and/or guardians. We will only disclose health information to personal contacts or family members designated by you below. These will also be allowed to pick up x-rays, health records, prescriptions or other similar forms of health information as necessary:

- A. Name: _____ Phone _____
- B. Name _____ Phone _____
- C. Name _____ Phone _____

*We will not share your personal information with any outside marketers.

*We will disclose your health information as required by state and federal law to appropriate authorities.

*We may disclose your health information to appropriate authorities if we have reason to believe you are the victim of abuse or neglect.

*We may disclose your 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. We may disclose to correctional institution or law enforcement officials having lawful custody, certain health information of inmate or patient under appropriate circumstances.

*This office makes appointment confirmation and re-call calls to home, business, cell phone and e-mail as provided by patient. We may leave appointment information via these contact numbers. We also send re-call postcards.

Patient Rights

*You have the right to access copies of your health information. There may be a minimal fee for obtaining copies of x-rays.

* You have the right to receive a list of instances of the discloser of information for purpose other than treatment.

*You may request additional restrictions to the discloser of healthcare information where applicable state and federal laws are not violated.

*You may request, in writing, to receive communications from us by alternative means.

*You may request, in writing, that we amend your healthcare information.

Knowledge that I have received and read the foregoing HIPPA Notice from GentleCare Dentistry, LLC.

Patient Name(Printed) Date

Patient(Guardian if minor) Signature