

## **NOTICE OF PRIVACY PRACTICES**

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We understand that information about you and your health is very personal and our office is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to be sensitive about and to respect the confidentiality of your healthcare information is never compromised. We may amend our privacy policies and practices, but you will always be informed of any changes that might affect your rights.

### **Protecting your Personal Healthcare Information**

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act (HIPPA) and the state of Washington. This includes issues relating to your treatment, payment, and our dental care operations. Your personal health information will never be otherwise given to anyone, even family members, without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

### **Collecting Protected Health Information**

We will only request personal information needed to provide our standard of quality dental care, implement payment activities, conduct normal dental practice operations, and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

### **Disclosure of your Protected Health Information**

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use our information for marketing purposes without your written consent.

We may use/disclose your health information to communicate reminders about your appointments including voicemail and answering machine messages, emails and postcards.

### **Patient Rights**

You have the right to request copies of your health care information. All such requests must be in writing. We may charge you for your copies the amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

Please let us know if you have any questions regarding your privacy rights and the protection of your personal health information.