



**180 Commerce Park Drive, Suite B
Westerville, OH 43082
info@westervilledentalhealth.com
(614) 882-6741**

PRIVACY POLICY

This office is dedicated to providing quality health care to our patients and to maintaining their protected health information in a safe and confident manner. 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.

Your protected health information (i.e., individually identifiable information, such as names, dates, phone/fax numbers, email addresses, home addresses, social security numbers, and demographic data) may be used or disclosed by us in one or more of the following respects:

- To other health care providers (i.e., your previous general dentist, orthodontist; oral surgeon, endodontist, periodontist, etc.) in connection with rendering necessary treatment for your oral care;
- To third party payers or spouses (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment of your account;
- To certifying, licensing and accrediting bodies (i.e., the American Dental Association, state dental boards, etc.) in connection with obtaining certification, licensure or accreditation;
- Internally, to all staff members, and to all substitute staff members, who have any role in your treatment;
- To other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc.;
- To appropriate authorities (i.e., police, health and welfare services, social services, etc.) if we reasonably believe that you are a victim of abuse, neglect, domestic violence, or some other sort of crime;
- To military authorities, authorized federal officials, and correctional institution of law enforcement officials, under certain circumstances, pertaining to Armed Forces Personnel, lawful intelligence, counterintelligence, and other national security activities, and that of an inmate;
- To your family and close friends involved in your treatment; and/or;
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.



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Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke.

Under the new privacy rules, you have the right to:

- Request restrictions on the use and disclosure of your protected health information;
- Request confidential communication of your protected health information;
- Inspect and obtain copies of your protected health information through asking us;
- Amend or modify your protected health information in certain circumstances;
- Receive an accounting of certain disclosures made by us of your personal health information; and,
- You may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights with us (by submitting inquiries to our Privacy Contact Person at our office address) or the United States Secretary of Health and Human Services (which must be filed within 180 days of the violation).

We have the following duties under the privacy rules:

- By law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information;
- To abide by the terms of our Privacy Notice that is currently in effect;
- To advise you of our right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information maintained by us, and that if we do so, we will provide you with a copy of the revised Privacy Notice.

Please note we are not obligated to:

- Honor any request by you to restrict the use or disclosure of your protected health information;
- Amend your protected health information, if, for example, it is accurate and complete; or,
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patients and third parties.



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This privacy notice is effective as the date of your acknowledgement of its receipt. Any questions should be directed to this office at the address listed above. Thank you.

ACKNOWLEDGEMENT OF PRIVACY NOTICE

Patient Name (Print): _____

Patient Address: _____

I hereby acknowledge that I have received and reviewed a copy of the Privacy Notice for the above named practice.

Signature of Responsible Party: _____ Date: _____

FOR OFFICE USE ONLY

We were unable to obtain a written acknowledgement of receipt of the Privacy Notice because:

- An emergency existed and a signature was not possible at the time
- The individual refused to sign
- Unable to communicate with the patient for the following reason:

Other: _____

Prepared by: _____

Signature: _____ Date: _____