

# Washington Dental Group



## STATEMENT OF PRIVACY PRACTICES

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 ensure that your health information is never compromised and it is a principle concept of our practice. We may, from time to time, amend our privacy policies and practice but will always inform you 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 and the State of Washington. This includes issues relating to your treatment, billing, or our dental care operation. 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.

Our offices and electronic systems are secure from authorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy and practices apply to all former, current, and future patients, so that you can be confident that your protected health information will never be improperly disclosed or released.

### COLLECTING PROTECTED HEALTH INFORMATION

We will only request personal information needed to provide our standard quality of 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 government officials under certain circumstances. We will not use your information for marketing purposes without your written consent.

We may use and/or disclose health information to communicate reminders about your appointments including voice-mail messages, and postcards.

### PATIENT RIGHTS

You have the right to request copies of your healthcare information; to request copies in a variety of formats; and to request a list of instances in which we or our business associates, have disclosed your protected information for uses other than stated above. All such requests must be in writing. We may charge you for your copies in an amount allowed by the 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.

We thank you for being a patient at our office. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.



## **NOTICE OF PRIVACY PRACTICES**

### **Acknowledgement of Receipt**

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so. You may see your record or get more information about it by contacting our patient care coordinator.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By signing below, I acknowledge receipt of the Notice of Privacy Practices:

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Patient or legally authorized individual signature

Date

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Printed name if signed on behalf of the patient

Relationship