

HIPAA NOTICE OF PRIVACY ACT

Office Policy and Notice of HIPPA Privacy Practice

Thank you for choosing PARK DENTAL for your dental health needs. Our goal is to provide quality care to all our patients. We are dedicated to making healthcare less stressful and more valuable by clarifying financial responsibilities in advance.

It is our office policy to bill your insurance carrier as a courtesy to you. Therefore it is your responsibility to make sure we have current insurance information for you and your family. Ultimately any remaining balance not covered by your insurance is your responsibility. Payment may be made by CHECK, CASH, VISA, MASTERCARD, DISCOVER, or AMERICAN EXPRESS. If unable to pay in full we offer CARECREDIT financing. There is a returned check fee of \$25.00 for all check returned to us by the bank for insufficient funds.

Our office will be happy to make arrangements in advance of service for extensive dental treatment. Our office however, will charge for a broken or no show appointment with less than 24 hour notice and will require a deposit on the rescheduled appointments. This notice of Privacy Practice describes how we as health care providers may use and disclose your protected information to carry out treatment, payment and health care operations and for other purposes that are permitted or required by law.

Protected Health Information (PHI) is information about you that relates to your past, present, and future physical or mental health/condition and related to health care services.

The Department of Health and Human Services has established a "Privacy Policy" to help ensure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment or health care operation.

As our patient, we want you to know that we respect the privacy of your personal medical/dental records and will do all we can to assure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical/dental records. We may have indirect treatment relationship with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your personal information.

If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent. If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer.