

## Privacy Policy—

All healthcare providers who transmit information in electronic form are required to comply with the Health Insurance Portability and Accountability Act, or HIPAA. The Act contains provisions that cover privacy and security of healthcare information and standardizes transaction codes for dental procedures when submitted for reimbursement by employers or insurance via electronic means.

*American Dental Association Member Dentists, and their staffs, have been and will continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. We have always taken measures to protect your privacy, and we will continue to do more than is required by law to assure that your privacy is protected.*

Our office has a designated Privacy Officer who implements our Privacy Policy. Our Privacy Officer maintains the office records, and copies health information for distribution upon your direction and request. You may add information for us to distribute in writing so long as the information is signed and dated.

We need your consent to distribute three types of information.

First is the distribution of information for treatment, payment and health care operations.

The second consent is for disclosure of protected health information.

The third form of consent addresses all other uses of protected health information.

This office requires that all three forms of consent be given so that we may adequately care for you and your family.

We do not disclose or distribute any nonpublic personal information obtained in the course of practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, dental specialists, or in limited situations to unrelated third parties who need to know that information to assist us in providing service to you such as a dental laboratory, consultant, or administrative professional like a CPA. In all such situations, we stress the confidential nature of the information being shared on your behalf and direction. Our contracts with our business associates require that they take any necessary steps to ensure your privacy. Your privacy is important to us. Thank you for your trust.

I consent to the distribution of public and non-public, protected and non-protected information as necessary for dental treatment, payment, and dental health care operations. I authorize the distribution to any and all parties required.

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Name

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Date