



## **PRIVACY POLICY/HIPAA COMPLIANCE**

This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information. **Please review this document carefully.**

Our office is committed to protecting your personal and dental/medical information. This includes your past, present and future health information and treatment rendered. Your personal and dental/medical information will not be released without your consent to any party.

Only with your signed permission will our office submit on your behalf claims to verify your insurance eligibility, coverage and to secure payments. This permission is granted to our office upon signing the "authorization for insurance claim submission". Your signature on that form allows our office to correspond with your insurance regarding any of your future visits as it relates to your treatment.

Only upon your request and only upon signing the appropriate "Release" form(s) will our office release medical and/or dental information including x-rays to any dental/medical provider that you request. Your signature on the release form will be needed every time you wish for us to release information about your treatment. Our office will not release any information to your dentist or other medical provider unless we obtain prior signed authorization from you.

You have the right to review and request the correction of any of your medical/dental information that is included in your chart. If you wish to obtain a copy of your dental/medical information we will make a copy available to you within 1 week.

Date:

Patient Signature *(Legal guardian if patient is under the age of 18)*