

Mt Baldy Dental Center

HIPAA Privacy Policy

We understand that your health information is personal. We are committed to protecting your health information. We create a record of the care and service you receive from us. We need this record to provide you with high quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this office, whether made by your personal doctor or others working in this office. This notice will inform you about the ways we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information
- Follow the terms of the Notice of Privacy Practice that is currently in effect

How we may use and disclose health information about you:

For treatment	For Appointment reminders
For payment	As required by law
For health care operations	Public Health risks
Health oversight activities	Lawsuits and disputes
Law enforcement	To avert a serious threat to health and safety
Worker's compensation	

Your rights regarding health information about you:

Right to copy of records	Right to an accounting of disclosures
Right to request confidential communications	Right to copy of this notice

We cannot discuss your protected health information (PHI) with anyone other than yourself unless you authorize us to do so. **Please list below names(s) of the individual(s) you authorize our office to discuss care with.** Your PHI may be disclosed to the individual(s) listed below until you notify us otherwise in writing.

Name of person(s) that can obtain your medical information

If you believe that your privacy rights have been violated you may file a complaint with us. All complaints must be in writing.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE:

We will request that you sign this form acknowledging that you have received and read a copy of this notice. This acknowledgement will become part of your records.

Signature _____ Date _____