

## **Notice of Privacy Practices**

Each time you visit or contact Five Point Family Dentistry, of Olathe KS, a record of your visit or correspondence is made. This record will contain diagnostic, treatment rendered, treatment plan, and personal information shared with our office. This information, referred to as your dental record serves the following:

- Basis for your Care Plan.
- Method of communication among dental professionals associated with your Care Plan.
- Legal documentation of the services you have received.
- Method to verify services rendered by either you or a third party payor.
- A source of data for internal review and training so that we can improve our services to you, the patient.

Being aware of the information that is contained in your dental record helps you to:

- Better understand how your information is used to assist in your treatment and Care Plan.
- Ensure the accuracy of your dental record
- Make informed decision regarding treatment both now and in the future.

### **Rights to Health Information**

Your personal and health information contained in your dental record belongs to you. You have the right to:

- Restrict certain uses and disclosures of your information
- Obtain a paper copy of the Notice of information Practices upon request.
- Inspect your dental record upon request.
- Request amendments to the dental records upon request.
- Revoke the authorization to use or disclose your dental information except to the extent that action has already been taken.

### **Our Responsibility**

This office is required to do the following:

- Maintain the privacy of your dental record.
- Provide you with notice as to our legal duties and privacy practices with respect to the information we collect and maintain in your dental record.
- Abide by the terms of this notice
- Notify you if Five Point Family Dentistry is unable to comply with a restriction.
- Accommodate reasonable requests for the communication of your dental record by alternative means.

We reserve the right to change our policy and to make new provisions effective for all protected health information we maintain. Should our practices change a revised copy of this notice will be provided to you at the address you have provided our office.

We will not use or disclose you information without your prior authorization, except as described in this notice.

### **Disclosures for Treatment, Payment, and Dental Operations**

- We may use or disclose information to notify a family member of other person responsible for your care or payment.
- We may contact you by phone and or mail for appointment reminders.
- Public Health: as required by law, we may disclose dental/health information to public health or legal agencies charged with the prevention or controlling of disease, injury, or disability.
- Law Enforcement: We may disclose dental information for law enforcement purposes as required by law, or in a response to a valid subpoena.

- If you have questions regarding this information you may contact our office at (913) 390-3555. Our friendly and knowledgeable staff will assist you from there. If you believe your right to privacy has been violated, you may file a complaint with our office. If this does not remedy the situation, you may file a complaint with

Secretary of Health and Human Services

Office of the Secretary

200 Independence SW

Washington, DC 20201.

There will be no retaliation for filing a complaint.

By signing below, you acknowledge that you have read and have been informed of the HIPPA Privacy ACT

Patient Name (printed): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_