

ChildSmiles/FamilySmiles Pediatric Dentistry HIPAA Form

A NOTICE TO OUR PATIENTS ABOUT OUR PRIVACY POLICY & INFORMATION PRACTICES

The doctors and the staff of ChildSmiles are committed to maintaining the confidentiality of your personal, financial, and health information. State and Federal law requires us to inform you of our policy and practices as long as we provide you services.

HOW WE PROTECT YOUR PERSONAL INFORMATION:

We authorize individuals to access your personal information only to extent necessary to conduct our business of serving you, such as making and confirming dental appointments, submitting insurance claims, securing insurance benefit information, and submitting applications for third party payment arrangements per your request. We take steps to secure our building, patient files, and electronic systems from unauthorized access. Our employees are trained regarding confidentiality and are held to strict Office Policy and Procedures regarding your personal and health information both written and verbal. All employees are subject to discipline if they violate these procedures.

INFORMATION WE COLLECT:

Examples of your personal information include: your name, Social Security Number, Address, telephone number, employment, medical history, health records, claim information, and driver's license number.

INFORMATION WE SHARE:

We may share your personal or health information with other third parties with or without prior authorization *for our normal business functions*. Examples of our normal business functions include:

- Submission of Dental Claims
- Referrals to Specialist
- Request from other health care providers
- Request to or from pharmacy's
- Processing transactions that you request
- Appointment notification via postcards, voice messages, or other written on or verbal means

PATIENT RIGHTS:

We honor your right to request access to your personal information. To do so, you must submit a written request describing the information you are requesting. There will be a \$5 charge for staff time to retrieve a copy of requested information plus postage. If we are able to located and retrieve the information within 30 days from your request we will:

- Inform you of the nature and substance of the personal information either in writing or by telephone.
- Permit you to see and copy, in person the requested information or to obtain a copy by mail, whichever you prefer.
- Disclose the persons to whom we've shared your personal information or if not available the names of organizations or persons to whom the information if normally disclosed.
- Provide a summary of the procedures by which you may request correction, amendment or deletion of personal information.

If you request a correct, amendment or deletion of personal information, we will correct, amend or delete your personal information or will notify you of our refusal. You may submit a statement telling us what you believe to be relevant or fair information and the reasons that you disagree with our decision. Your statements will be filled with your personal information.

Patient's Name: _____ DOB: _____

Signature: _____ Date: _____