Timberlake
FAMILY DENTISTRY

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. It is our legal duty.

USES AND DISCLOSURES OF HEALTH INFORMATION

-**Treatment:** We may use your health information for treatment or disclose it to a dentist, physician or other health care provider providing you treatment.

-**Payment:** We may use and disclose your health information to obtain payment for services we provided to you. We may also disclose your health provider or entity that is subject to the Federal Privacy Rules for its payment activities.

-**On your Authorization:** You may give us written Authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization; we cannot use or discole your health information for any reason except to those described in this notice.

-**Appointment reminders:** We may use or disclose your health information to provide you with appointment reminders (such as postcards, voicemail messages, or letters.)

-**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. Any agreement we make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf.

Acknowledgment of Receipt of Privacy Notice

Note: The HIPPA Privacy regulation requires us to make good faith effort to obtain patients written acknowledgment of receipt of the receipt of Notice of Privacy Practice.

*I acknowledge that I have received and / or seen a full copy of Dr. Eric J. Smith's Notice of Privacy Practice.

_____ _____

Printed Name of Patient or Patients Representative Date

_____

Signature

_____

Relationship to Patient

**I permit the following individual(s) to have access to my dental records:*

_____ _____

Name Relationship

**A complete copy of the PRIVACY NOTICE is posted in reception area. Personal Copies are available upon request.*