

Warner Family Dentistry

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. Please review it carefully.

OUR PRIVACY COMMITMENT – We recognize that protecting the privacy and security of your personal and confidential healthcare information is an important responsibility. This notice will tell you how we may use and share medical/dental information about you.

OUR LEGAL DUTY – Law requires us to:

1. Keep your medical/dental information private.
2. Provide you with a notice of our privacy practices.
3. Follow the terms of our privacy notice and any update of this notice.

USE AND DISCLOSURE OF YOUR MEDICAL/DENTAL INFORMATION

We will use and disclose elements of your protected health information (PHI) in the following ways:

1. **FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may also share medical information about you with other health care providers to assist them in treating you.
2. **FOR PAYMENT:** We may use and disclose your medical information for payment purposes.
3. **FOR HEALTH CARE OPERATIONS:** Our office will use the information for business purposes such as quality improvement and to send you information.
4. When release is required by law.
5. In emergency situations or to avert serious health or safety situations.
6. To medical examiners, coroners, or funeral directors to help them carry out their duties.
7. To contact you about appointments, treatment alternatives and other health related benefits and services.
8. We may share your medical information with appropriate authorities if it is necessary to prevent serious threat to your health or safety or the health or safety of others.
9. All other uses and disclosures by us will require us to obtain from you a written authorization in addition to any other permission we may have.

YOUR RIGHTS: You have the right to:

1. Request that we place additional restrictions on our use or disclosure of your medical information. (We are not required to do so.)
2. Look at or get copies of your medical information by signing a request form.
3. Receive a list of all the disclosures by us for purposes other than treatment, payment and healthcare operations.
4. Request that we communicate with you about your medical information by different means or to different locations.
5. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons.

QUESTIONS AND COMPLAINTS – If you have questions about this notice, or if you think that we may have violated your privacy rights, please contact us.