

## **NOTICE OF PRIVACY PRACTICES**

To our patients: This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

### **Our Commitment To Your Privacy:**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information:

The following circumstances may require us to use or disclose your health information:

1. When necessary to insurance companies or agencies for treatment or payment purposes, or for health care operations which includes quality assurance, utilization review, credentialing, underwriting and auditing.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
5. To federal officials for intelligence and national security activities authorized by law.
6. For Worker's Compensation and similar programs.

### **Your rights regarding your health information:**

1. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care, such as immediate family.
3. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our front desk staff.
4. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. If a disclosure of your protected health information was made for a reason other than treatment, payment or health care operation, you have a right to receive an accounting of the disclosure.

I hereby acknowledge that I have been presented with a copy of Wayne Myles, DDS Notice of Privacy Practices.

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_