

Health information Privacy  
Policies & Procedures

Our office is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice.

We may, from time to time amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

**Protecting your personal health care information:**

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the state of Oregon. This includes issues relating to your treatment, payment and our dental care operations. Your personal health information will never be otherwise given to anyone, even family members without your consent. You, of course may give written consent for us to disclose your information to anyone you choose for any purpose.

Our offices and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current and future patients so you can be confident that your protected health information will never be improperly disclose or released.

**Collecting protected health information:**

We will request personal information needed to provide our standard of quality dental care, implement payment activities, conduct normal dental practice operations and comply with the law. This may include your name, address, telephone number, social security number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

**Disclosure of your protected health information:**

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and government officials under certain circumstances. We may use and / or disclose your health information to communicate reminders about your appointments including voice mail messages, answering machines, and postcards.

**Patient's Rights:**

You have the right to request copies of your health care information; to request copies in a variety of formats; and to request a list of instances in which we or our associates have disclosed your information. All request must be in writing. We may charge for your copies in an amount allowed by law. If you feel your rights have been violated, we urge you to contact us.

SIGNATURE: \_\_\_\_\_

I give permission to allow \_\_\_\_\_ to have knowledge to my account and treatment history.