

Privacy Notice Practices for David A. Dischler, DDS

Office Duties.

By law, our office must keep protected health information private. The federal government defines protected health information as any information, whether oral, electronic or paper, results or tests or other personal information that is related to your health records.

How our office will fulfill its obligation.

We consider patient privacy an important part of our office's duty to serve our patient's needs.

We take necessary precautions against the inappropriate use or disclosure of health information.

Treatment.

Our office will use and disclose protected information to provide, coordinate or manage your health care among and including consultation with other members of your health care team.

This applies to disclosures for treatment purposes to health care providers within and outside the office.

Payment.

Our office will use and disclose protected health information to create bills and collect payment from insurance companies and other payers. We may disclose protected health information to another health care provider who has treated you, or to your insurance company.

Individuals involved in care and notification.

Under federal regulations, our office may disclose relevant protected health information to a family member or friend involved with your health care or handling your bills. Our office may use and disclose protected health information to alert those able to prevent a serious immediate threat to the health or safety of a patient.

Release of Protected Health Information as required by law.

Our office may release protected health information when required by federal, state or local laws. We are required to report abuse or neglect of a child or vulnerable adult, gunshot wounds or other injuries that may have been the result of a fight, brawl, robbery or illegal or unlawful act.

Uses and disclosure pursuant to an Authorization.

Except as described in this notice or permitted by law, our office will not use or disclose your protected health information without your specific written authorization.

Right to inspect or Copy.

You have the right to inspect and to request a copy of the information maintained in our office health record about you. Effective date of this notice is 4/14/2003. Copies of this notice will be provided upon request. If our office policy changes we will make this information available to you.

Signature _____ Date received _____