

## NOTICE OF PRIVACY PRACTICES

**THIS PRIVACY POLICY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

- Your protected health information (i.e., individually identifiable information such as names, dates, phone/fax numbers, e-mail addresses, home addresses, social security numbers, and demographic data) may be used or disclosed by us in one or more of the following respects:
- To other health care providers (i.e., your medical doctor, dental specialist, etc) in connection with our rendering general dental treatment to you (i.e., to determine medical release, coordination of care with your dental specialist );
- To third party payors or spouses (i.e., insurance companies, employers with direct reimbursement, administration of flexible spending accounts, etc);
- To certifying, licensing and accrediting bodies (i.e., American Board of General Dentistry, state dental boards, etc) in connection with obtaining certification, licensure or accreditation;
- Internally to all team members who have a role in your treatment;
- To other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc;
- To your family and close friends involved in your treatment: and/or,
- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

***Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke.***

**Under the new privacy rules, you have the right to:**

- Request restrictions on the use and disclosure of your protected health information;
- Request confidential communication of your protected health information;
- Amend or modify your protected health information in certain circumstances;
- Inspect and obtain copies of your protected health information through asking us;
- Receive an accounting of certain disclosures made by us of your protected health information; and,
- You may, without risk of retaliation, file a complaint as to any violation by us of your privacy rights with us (by submitting inquiries to your Privacy Contact Person at our office address) or the United States Secretary of Health and Human Services (which must be filed within 180 days of the violation).

**We have the following duties under the privacy rules:**

- By law, to maintain the privacy of protected health information and to provide you with this notice setting for our legal duties and privacy practices with respect to such information;
- To abide by the terms of our Privacy Notices that is currently in effect; and
- To advise you of our right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information maintained by us, and that if we do so, we will provide you with a copy of the revised Privacy Notice.

**Please note that we are not obligated to:**

- Honor any request by you to restrict the use or disclosure of your protected health information;
- Amend your protected health information if, for example, it is accurate and complete; or
- Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by other patient and third parties.
- This Privacy Notice is effective as of the date of your signature. If you have any question about the information in the Notice, please ask for your Privacy Contact Person and direct your questions to this person at our office address. Thank you.

**YOU WILL BE ASKED TO SIGN A SEPARATE SHEET, ACKNOWLEDGING YOUR RECEIPT OF OUR POLICY.**

**Your Privacy Contact Person:**

**Sierra Keith, Office Manager**

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