

GAMBLIN ORTHODONTICS

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your protected health information (PHI) such as your name, date of birth and dates of treatment, phone/fax numbers, email address, home address, social security number, and other demographic data, as well as information pertaining to your diagnosis and treatment, may be used or disclosed by us in one or more of the following respects:

- To other health care providers (i.e., your general dentist, oral surgeon, pediatrician, etc.) in connection with our rendering orthodontic treatment to you/your child;
- To third party payors or spouses (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment of your account (i.e., to determine benefits, dates of payment, etc.);
- To certifying, licensing and/or accrediting bodies (i.e., State Dental Boards, American Board of Orthodontics, etc., in order to obtain certification, licensure or accreditation;
- To various courts to be used in legal actions of any type upon your authorization or upon subpoena;
- Internally, to all staff members who have any role in your treatment or to laboratories who render supportive services (i.e.; labs that make retainers or models, etc.);
- To other patients and third parties who may inadvertently see or overhear incidental disclosures about your treatment, scheduling, etc.;
- To your family and close friends who may be involved in your treatment;
- 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; and/or,
- For use in Scientific lectures, publications, or presentations at various Dental or Orthodontic study groups

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 at any time upon proper notification however any revocation will not be retroactive.

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;
- Inspect and obtain copies of your protected health information from us;
- Amend or modify your protected health information in certain circumstances;

- Receive an accounting of certain disclosures made by us of your PHI; 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 our Privacy Contact Person at our office address or to 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 new privacy rules:

- By law, to maintain the privacy of your PHI and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information;
- To abide by the terms of our Privacy Notice that is currently in effect;
- 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 PHI;
- Amend your PHI if 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 patients and third parties.

This privacy notice is effective as of the date of your signature. If you have any questions about the information in this Notice, please ask for our Privacy Contact Person or direct your questions to the Privacy Officer at our office address. Thank you.

PATIENT / PARENT ACKNOWLEDGMENT

I hereby acknowledge that I have received and reviewed a copy of this Privacy Notice or in the alternative, I have refused to review it.

Patient or parent/guardian if patient is a minor

Date

GAMBLIN ORTHODONTICS

PRIVACY AUTHORIZATION

This Authorization is required under the HIPAA the privacy regulations recently promulgated by the United States Department of Health and Human Services and will not expire unless you direct us otherwise.

Your protected health information (PHI) including individually identifiable information, such as your name, date of birth, dates of treatment, phone/fax numbers, email address, home address, social security number, demographic data, photographs, x-rays, study models and other clinical information concerning you and/or your treatment will be used or disclosed for:

- Scientific lectures, publications, and/or presentations;
- Billing, insurance, and similar administrative functions;
- Cooperating with regulatory and licensing agencies or upon judicial subpoena;
- Communicating with other family members as necessary to facilitate treatment;
- Practice and/or Marketing promotions; and/or
- Other (specify): _____

This information may be disclosed by the following people: Orthodontist, administration personnel and clinical staff.

The information may be disclosed to the following people/entities: other health care providers or laboratories to facilitate your treatment, third parties and other persons or agencies responsible for billing and for paying your account, for internal use as part of our educational mission, to various licensing agencies or the courts, to other patients who might see or overhear aspects of your treatment, to family or friends involved in your treatment, and or to provide you with reminders about appointments or to provide information about other health benefits or services.

You have the right to revoke this Authorization, except as to the use of your PHI for furthering our educational program and mission, at any time in writing. However, your revocation will not be effective retroactively to the extent that this Authorization has already been relied on.

The information used or disclosed per this Authorization may be subject to re-disclosure by the recipient(s), and thus, is no longer protected under our privacy rules.

Patient Signature

Date