



VIBRANT SMILES
OF HOLLAND

The Health Insurance Portability and Accountability Act of 1996
(HIPAA)
Privacy Notice

There is a new law that requires us to give our patients notice of our privacy practices. It requires us to make a good faith effort to obtain written acknowledgment of receipt of this Notice.

Please help yourself to a Notice and sign a receipt for our records.

Quad Dental Group PLLC
Vibrant Smiles of Holland
120 Buck Road
Holland, PA 18966

I acknowledge that I have received a Notice of Privacy Practices from the above named practice.

Patient Name: _____

Signature: _____ Date: _____

NOTICE OF PRIVACY PRACTICES

Uses and disclosures of Health Information: We may use your health information for two primary purposes: Treatment and Payment.

TREATMENT: We may disclose your health information to another dentist or physician providing treatment to you.

PAYMENT: We may disclose your health information to obtain payment for services we provide to you. (For example: to your insurance company)

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

OTHER: It is unlikely, but we may be asked to disclose your health information as required by law for disaster relief, to report abuse or neglect, for public health statistics, by court order, to law enforcement agencies, to coroners, medical examiners, organ procurement organizations, to avert a serious threat to health or safety, to federal officials for national security and as authorized by state worker's compensation law.

PATIENT RIGHTS

ACCESS: You have the right to look at or get copies of your health information with certain reasonable restrictions.

DISCLOSURE ACCOUNTING: You have the right to know when we have disclosed your health information for any purpose other than treatment and / or payment.

ADDITIONAL PERSONS AUTHORIZED TO OBTAIN INFORMATION:

Name: _____ Relationship: _____

Name: _____ Relationship: _____