

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed.

Fogle Family Dentistry respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. Your information, whether public or private, will not be sold or transferred to any other company unless relevant to treatment.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes. Sign here to signify that you understand the previous information.

Print Name: _____

Signature _____ Date _____

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

Check here to choose NOT to disclose any information to family or others.

Check here to ALLOW health information to be disclosed to family or others.

Please list anyone (first and last names) that we may disclose health information to without further consent:

Please Note: It is your right to refuse to sign this Acknowledgement.

Dental Office Use Only

I tried to obtain written Acknowledgement by the individual noted above of receipt of our Notice of Privacy Practices, but it could not be obtained because:

____ An emergency prevented us from obtaining acknowledgement.

____ A communication barrier prevented us from obtaining acknowledgement.

____ The individual was unwilling to sign.

Other: _____

Staff Member Signature _____ Date _____