

## Notice of Privacy Practices

The following 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 confidential healthcare information may be released to other healthcare professionals within this dental office and or field, for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of this dental office receiving payment for providing you with the needed healthcare services or in the course of routine healthcare operations.
- Your confidential healthcare information may be released to public law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event that you would need emergency care.
- Your confidential healthcare information may be disclosed in order to communicate to family or friends who ask for you by name, your general condition, and location.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease, defective device, or to report drug abuse.
- Your confidential healthcare information may be released as required by federal/state law(s).
- Your confidential healthcare information may not be released for any other purpose than which is identified in this notice.
- Your confidential health care information may be released only after receiving a written authorization from you (other than described above). You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by this dental office to remind you of any appointments, healthcare treatment options, accounting situations, or other health services that may be of interest to you.
- You have the right to restrict the use of your confidential healthcare information. However, this dental office may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and obtain photocopies of any/all portions of your healthcare information.
- You have the right to make changes to your health care information.
- You have the right to receive a copy of this Notice of Privacy Practices upon request.
- This dental office is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties of practices that protect confidential healthcare information.
- This dental office will abide by the terms of this notice. This dental office reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information.
- You have the right to complain to this dental office if you believe your right to privacy has been violated. If you feel your privacy rights have been violated, please mail your complaint to:

Privacy Officer  
Northside Dental Clinic, LLC  
2105 W. Kearney, Suite A  
Springfield, MO 65803

All complaints will be investigated. No personal issue will be raised for filing a complaint with this dental office. This notice is effective as of April 14, 2003.