

Dentistry of Thousand Oaks

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how your protected health information (PHI) may be used and disclosed and how you can access this information. Please review it carefully.

At **Dentistry of Thousand Oaks**, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you the opportunity to review this notice and to follow the terms of this notice. The law permits us to use or disclose your PHI to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care. We may use or disclose your PHI for payment of your services. For example, we may send a report of your progress to your insurance company.

We may use or disclose your PHI for our normal healthcare operations. For example, one of our staff will enter your information into our computer. We may share your PHI with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy. We may use your PHI to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or you're entire PHI when required by law. If the practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your PHI without your prior written authorization. You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses. As we will need to contact you from time to time, we will use whatever address or telephone number you prefer. You have the right to transfer copies of your health information to another practice. We will mail your files for you. You have the right to see and receive a copy of your PHI, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies. You have the right to request an amendment or change to your PHI. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with us or the secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer Manager of your complaint at 805 495-5990. We will not retaliate against you for filing a complaint. This notice goes into effect as of April 14, 2009.

Acknowledgement

I have had the opportunity to see a copy of the Beach Cities Dental Group Notice of Privacy Practices.

Signature: _____ Date: _____

Printed Name: _____

If signing as a parent or guardian, please note the name of the patient: _____