



Acknowledgement of Receipt of Notice of Privacy Practices

Our notice below provides a description of our treatment, payment activities, and healthcare operations, of the use and disclosures we may make of your protected health information, and of other important matters about your protected health information. You have the right to read our Notice of Privacy Practices before you decide whether or not to sign this consent. You have the right to request restrictions on the use of your protected health information. You may revoke this consent at any time in writing. However, such revocation will not be effective to the extent that any action has been taken in reliance on this consent.

I understand that by signing this consent form, I am giving my consent to your use and disclosure of my protected health information to carry our treatment, payment activities and health care options.

Patient(s) Name: _____ Responsible Party's Signature: _____ Date: _____

Notice of Privacy Practices for Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

The practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations without your consent. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment and applying for future care of treatment. It also includes billing documents for those services. The ways we are allowed to use or disclose your medical information should fall within one of these categories:

Treatment purposes: A staff member obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with said specialist and obtain input.

Payment purposes: We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding orthodontic care given. We will provide information to them about you and the care given.

Health Care Operations: We obtain services from our insurer or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you as necessary to obtain these services.

Individuals Involved in Your Care or Payment for Your Care: We notify a family member about your treatment during routine adjustment appointments or during a phone conversation.

Law Enforcement: We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight: Federal law allows us to release your health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings: In the course of any judicial or administrative proceedings as allowed or required by law, with your consent or as directed by a proper court order.

Other Uses: Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization.

Your Health Information Rights

The health record we maintain and billing records are the physical property of the practice. The information in it however, belongs to you. You have a right to: Request a restriction on certain uses and disclosures of your health information; Request that you be allowed to inspect and obtain a copy of your health record and billing record (we are permitted to charge a reasonable fee for copying and mailing costs); Appeal a denial of access to our protected health information except in certain circumstances; Request that our health care record be amended to correct incomplete or incorrect information by delivering a written request to our office; File a statement of disagreement if our amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your health information; Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office (an accounting will not include internal uses of information for treatment, payment, health care operation, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care); Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and, Revoke authorizations that you made previously by delivering written revocation to our office.

If you want to exercise any of the above rights, please contact us at 330-896-0600, in person or in writing during normal business hours. We will provide you with assistance on the steps to take to exercise your rights.

Our Responsibilities

The practice is required to: Maintain the privacy of your health information as required by law, provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you, abide by the terms of this notice, notify you if we cannot accommodate a requested restriction or request, accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain, if our information practices change we will amend our notice. You are entitled to receive a revised copy of the notice by calling and requesting a copy or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information to report a problem regarding the handling of your information, you may contact us at 330-896-0600.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office. You may also file a complaint by mailing it to the Secretary of the U.S. Department of Health and Human Services (HHS) whose street address and phone number is 200 Independence Ave. S.W., Washington DC, 20201, 1-877-696-6775. We will not require you to waive the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services as a condition of receiving treatment from this practice and we will not retaliate against you.