

**Gregory M. Boyer, DMD
Andrew T. Boyer, DDS**

NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS

Privacy Practices

It is our legal and ethical duty to maintain and protect the privacy of our patients. This notice summarizes the privacy practices that are followed by our practice as well as your rights regarding your personal health information. PLEASE REVIEW IT CAREFULLY.

WITH YOUR CONSENT, WE MAY USE AND DISCLOSE YOUR INFORMATION FOR THE FOLLOWING REASONS:

TREATMENT

We may use or disclose information in order to coordinate or manage your dental treatment. For example, we may give your information to another dentist, physician or nurse who is also providing you with treatment.

PAYMENT

We may use or disclose information in order to obtain payment for your dental treatment. For example, we may be required to contact your insurance provider to verify coverage, obtain prior authorization or to give them with details regarding your treatment in order to make sure that they will pay for your care.

PERSONS INVOLVED IN YOUR CARE

We may disclose information to a family member, friend or other person who is involved in your care only to the extent that is necessary to assist in your treatment. For example, we may allow a family member to pick up a prescription, a copy of a chart or x-ray or similar forms of information on your behalf.

THERE ARE CERTAIN OCCASIONS THAT WE MAY BE REQUIRED TO DISCLOSE YOUR INFORMATION ***WITHOUT YOUR CONSENT***:

REQUIRED BY LAW

We may use or disclose information to the extent that the disclosure is required by state or federal law.

ABUSE, NEGLIGENCE OR DOMESTIC VIOLENCE

We may use or disclose information to proper governmental agencies or entities if there is significant reason to believe that you are a victim of abuse, neglect or domestic violence. We may disclose your information in order to prevent serious threat to your health or safety or the health or safety of others.

NATIONAL SECURITY

We may disclose your health information to authorized federal officials for purposes of conducting national security and intelligence activities.

Patient Rights

Right to Inspect and Request a Copy of your Dental Record:

You have the right to inspect and/or request a copy of your dental record, except in limited circumstances defined by federal regulation.

Right to Request an Amendment to your Dental Record:

You may request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Right to Request a Restriction on Certain Uses and Disclosures:

You have the right to request restrictions on uses and disclosures of your medical information for the purposes of treatment, payment or healthcare operations. We are not required to allow your request. If we do agree with the request, we will comply with your request except in the case that the information is needed to provide you with emergency treatment.

Right to Obtain an Accounting of Disclosures of your Health Information:

You may request that we provide information about disclosures made for purposes other than treatment, payment or healthcare operations; disclosures to you or authorized by you are excluded. You have the right to receive specific information regarding disclosures made only after January 1, 2008.

Right to Request Communication of your Health Information:

You have the right to request that confidential communications be made by alternate means (e.g. fax versus mail) or at alternate locations (alternate address or telephone number). Your request must be in writing.

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**Acknowledgement of Receipt of
PRIVACY PRACTICES AND PATIENT RIGHTS**

- I acknowledge that I have received a copy of this office's Notice of Privacy Practices and Patient Rights.
- I give my consent to this office to leave messages of confirmation regarding upcoming appointments on my answering machine, voicemail or with another individual answering the telephone.
- I give my consent to this office to use and disclose information in accordance with the directives listed in the Notice of Privacy Practices and Patient Rights.

Printed Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)_____