

## ***PRIVACY NOTICE***

THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.

A. The consent for Release of Medical/Dental Records that you sign authorizes your dental care provider, Valley Dental Associates, P.A. to disclose the information in your dental records to the extent needed for the following purposes:

1. For the purpose of providing treatment to you. This would include, for example, sharing information with employees and contractors of Valley Dental Associates, P.A. or with other health care providers who are treating you or consulting in your care.
2. For the purpose of arranging payment for your care. This would include, for example, your insurer or other third-party payer who is responsible for paying all or part of the cost of your care.
3. For the purpose of Valley Dental Associates, P.A.'s "health care operations." This would include such things as internal quality assessment activities, contacting other health care providers regarding treatment alternatives, evaluating Valley Dental Associates, P.A.'s performance, training providers of care, legal and dental review of care provided, business planning and management, customer service, and the provision of legal and auditing services.

B. A Specific Authorization for Release of Medical/Dental Records that you may sign authorizes Valley Dental Associates, P.A. to make a specific disclosure that is not covered under section A, above. A Specific Authorization will name the party to whom you are authorizing disclosure and will contain any limitations on the authority to disclose your records.

C. You may revoke any authorization provided to Valley Dental Associates, P.A. by giving Valley Dental Associates, P.A. a written notice of revocation. Provider may refuse to treat you if you revoke the consent.

D. Valley Dental Associates, P.A. may be required by law, in some cases, to make disclosures of your record that you have not authorized. Examples are subpoenas in criminal or civil litigation or requests/surveys by licensing agencies or the U.S. Department of Health and Human Services.

E. Valley Dental Associates, P.A. may contact you to provide appointment reminders, make follow-up telephone calls or provide information about your treatment using phone numbers provided by you to our office.

F. You have the following rights with respect to your dental records/information:

1. You have the right to request restrictions on the use and disclosure of your dental

records/information, however Valley Dental Associates, P.A. is not required to agree to restrictions not guaranteed by law. This request must be made in writing. You will be informed if Valley Dental Associates, P.A. will not agree to a requested restriction.

2. You have the right to receive confidential communications of your health information and to direct the place and manner of communication.
3. You have the right to inspect and copy your dental records. Requests must be made in writing. (Valley Dental Associates, P.A. is entitled to charge you a reasonable fee related to the cost of copying your records).
4. You have the right to seek to amend your medical records, and if Valley Dental Associates, P.A. does not agree with your request, to note your objection in the medical record. Requests must be made in writing.
5. You have the right to receive an accounting (list) of disclosures of your dental records/information made by Valley Dental Associates, P.A. (Except for those disclosures that fall within the scope of Valley Dental Associates, P.A.'s "health care operations" or disclosures made for payment or treatment purposes.) Requests must be made in writing.
6. You have the right to receive a paper copy of this notice.

G. Valley Dental Associates, P.A. is required by law to maintain the privacy of protected health information, and to provide patients with this notice of its duties and practices, as well as changes to those practices. Patients will be provided with revised notices, as appropriate.

H. If a patient believes that his or her privacy rights have been violated, the patient may complain to Valley Dental Associates, P.A. or to the Secretary of the U.S. Department of Health and Human Services. To complain to Valley Dental Associates, P.A. please notify us in writing with the details. Complaints must be filed within one hundred eighty days of knowledge or perceived knowledge that the act occurred. Provider will not retaliate in any way against a patient for making a complaint.

I. Valley Dental Associates, P. A. reserves the right to change or modify its privacy practices, and to make its new policies effective for all protected health information that Valley Dental Associates, P.A. maintains.