

ACES Dental PLLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY AS YOUR PRIVACY IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable laws to maintain the privacy of your health information. We are also required to make available to you the Notice about our privacy practice, our legal duties, and your rights concerning your health information. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We will make a copy of the new notice available upon request. You may request a copy of our Notice at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose health information about you for the following reasons:

Treatment: When releasing information to physicians.

Payment: To obtain payment for services we provide you.

Healthcare operations: We may use and disclose your health information in connection with our healthcare operations, including quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals.

Please list 2 Emergency contacts that we may release your information to in the event of an emergency.

Name	Phone Number

Required by Law: If we suspect that you are being neglected or abused in any way we will release your information to the proper authorities.

Appointment Reminders: When we provide you with reminders for each appointment.

Access: you have the right to look at or get copies of your health information.

Restriction: You have the right to request additional restrictions on our use of your health information.

Amendment: You have the right to request in writing that we amend your health information. We may deny this request.

Questions and Complaints

If you want more information about our privacy practices, have questions or concerns, or feel that your rights have been violated please contact us.

Contact Officer: Monica Surber 423-562-4766

I have reviewed the Notice and agree with all practices described:

Signature _____ Date _____