



DR. KIRK WESTERVELT FAMILY DENTAL OFFICE
Notice of Privacy Practices

This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our Practice will only use and disclose your Health Information for the following purposes: Treatment – Includes sharing medical data with other providers, making referrals, placing lab and script orders, providing appointment reminders or information about treatment alternatives. Payment – Obtaining payment for treatment. Health Operations – quality assurance, utilization review, credentialing, underwriting, and auditing. To public health authorities and health oversight agencies that are **authorized by law** to collect information. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. We will accommodate reasonable requests. You have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for amendment. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please mail it to the Privacy Official at the address below. All complaints must be submitted in writing. You will not be penalized for filing a complaint. Our practice will obtain your authorization for uses and disclosures that are not identified by this notice or permitted by applicable law

Please keep in mind; we do have an open floor plan where others might overhear information concerning your treatment.

If you have any questions regarding this notice or our health information privacy policies, please contact: Dr. Westervelt Family Dental, 1146 W. State Route 89A, Suite A, Sedona, Arizona 86336.

I hereby acknowledge that I have been presented with a copy of The Dr. Westervelt Family Dental Notice of Privacy Practices.

Patient's or Parent/Guardian Signature _____

Printed Name of Patient _____

Date _____

Employee Initial _____