

# ALACHUA FAMILY DENTISTRY

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## We Care About Your Privacy

As a patient we want you to know we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information regarding your treatment, payment or health care, to provide health care that is in your best interest.

The Department of Health and Human Services has established a privacy rule (HIPPA-Health Insurance Portability and Accountability Act) to help insure that personal health care information is protected for privacy. The privacy rule was also created to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment or health care operations.

We also want you to know we support your full access to your personal medical records. You may refuse to consent to the use or disclosure of your personal health information (PHI), however, this must be in writing. Under this law, we have the right to refuse to treat you should you refuse to disclose your personal health information.

If you have any objections to this form, please ask to speak with our HIPPA compliance officer. You have the right to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Notice of Privacy Practice (4 pages - available upon request)

Patient Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_