

**Brandon C. Birdwell, DDS
5226 Main Street, Suite 6
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ABOUT OUR NOTICE OF PRIVACY PRACTICES

The privacy of your health information is very important to us. We are required by federal and state law to maintain the privacy of your health information. We are also required to give you details of our privacy practices and your rights concerning your health information. Our Notice of Privacy Practices, effective April 14, 2005, outlines the privacy practices of this office. If we make a significant change in our privacy practices, we will make a new Notice available to you.

SUMMARY OF OUR PRIVACY PRACTICES

With your signed consent, we will use and disclose your personal health information **only** for purposes of treatment, payment and healthcare operations. These activities may include:

- Disclosing your health information to a physician or other healthcare provider providing treatment to you.
- Disclosing your health information to an outside party, such as an insurance company, to receive payment for services.
- Using your health information for quality assessment and improvement activities of our office, or for training and evaluation of our staff.
- Disclosing your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes, in order to protect your safety or the safety of others.
- Disclosing health information of Armed Forces personnel to military authorities under certain circumstances. We may also disclose information about a patient to law enforcement officials having custody of that person.
- Disclosing health information to authorized federal officials if required for national security activities.
- Providing you with appointment or treatment reminders such as postcards, letters or voicemail messages.
- Using your health information to assist in notifying your family or other appropriate persons of your location and general condition. In an emergency, we will use our professional judgment and experience in disclosing only information relevant to your care.
- Providing copies of your health information to you at your written request. Photocopies may incur a charge of \$.50 per page and \$10 per hour of staff time, as well as postage if applicable.
- Disclosing information to a family member or friend to the extent necessary to help with your healthcare or payment for your healthcare, but only with your consent. We will use our professional judgment and experience in allowing a person to pick up prescriptions, x-rays, etc. on your behalf.

We will not disclose or use your health information for marketing communications or any other uses except those outlined here.

FOR MORE INFORMATION

Further details of our privacy practices are available in our Notice of Privacy Practices. You may request additional copies of our Notice at any time. If you have questions or concerns, you may contact us at our office at (615) 302-0141. If you are concerned that we have violated your privacy rights, you may complain to us or file a complaint with the U.S. Department of Health and Human Services. We will provide you with their address at your request, and will not retaliate in any way if you chose to file a complaint.

ACKNOWLEDGMENT OF RECEIPT

I have read the above information and received a copy of this office’s Notice of Privacy Practices.

Print Name: _____

Signature: _____ *Date:* _____

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

I consent to this office’s use and disclosure of my health information for treatment, payment activities and other healthcare operations. I have had full opportunity to read the contents of this form and of your Notice of Privacy Practices. I understand that if you significantly change your privacy practices, you will issue a revised Notice. I also understand that I may revoke my consent at any time by giving written notice.

Signature: _____

If signed by person other than patient, relationship to patient: _____

for office use only

Written acknowledgment could not be obtained because of:

Communication barriers

Emergency situation

Other _____