



## NOTICE OF PRIVACY PRACTICES

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.

This notice is effective April 1, 2019 and remains in effect until we replace it.

### 1. OUR PLEDGE REGARDING MEDICAL /DENTAL INFORMATION

The privacy of your medical/dental information is important to us. We understand that your information is personal and we are committed to protecting it. We create a record of the care and services you receive in our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical/dental information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### 2. OUR LEGAL DUTY

#### *Law Requires Us to:*

- A. Keep your medical information private.
- B. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical/dental information.
- C. Follow the terms of the notice, that is now in effect.

#### *We Have the Right to:*

- A. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- B. Make the changes in our privacy practices and the new terms of our notice effective for all medical/dental information that we keep, including information previously created or received before the changes.

#### *Notice of Changes to Privacy Practices:*

- A. Before making an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### 3. USE AND DISCLOSURE OF YOUR MEDICAL/DENTAL INFORMATION

The following section describes different ways that we use and disclose medical/dental information. Not every use and disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical/dental information. We will not use or disclose your medical/dental information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

**FOR TREATMENT:** We may use medical/dental information about you to provide you with medical treatment or services. We may disclose medical/dental information about you to doctors, dentists, nurses, dental assistants, dental hygienists, technicians, medical and dental students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

**FOR PAYMENT:** We may use and disclose your medical information for payment purposes.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.