

## Notice of Privacy Policies

Meadow Creek Family Dental respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operation. State law requires us to get your authorization to disclose this information for payment purposes.

The health and billing records we create and store are the property of Meadow Creek Family Dental. However, the protected health information in it generally belongs to you. For help with your rights during normal business hours, please contact the office manager.

We are required to keep your protected health information private, give you this notice, and follow the terms of this notice. We have the right to change our practices regarding the protected health information we maintain. If you have any questions, want more information, or want to report a problem about the handling of your protected health information, you may contact the office manager.

In the event you require a transfer of dental records (i.e. X-rays, periodontal charting and/or clinical notes) we will require you to sign a Record of Release form in compliance to HIPAA guidelines as well as a \$20 fee of transfer.

## Notice of Privacy Practices – Acknowledgement

We keep record of the dental care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. You may contact the office manager to see your record or get more information.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

---

Signature of patient or legal guardian

---

Date