

**NOTICE OF PRIVACY PRACTICES OF SAUGUS DENTAL
PATIENT ACKNOWLEDGEMENT FORM**

We are required by applicable federal and state law to safeguard your Protected Health Information (PHI). Your PHI includes information that can be used to identify you that we've created or received about your past, present, or future health condition, the provision of healthcare to you, or the payment of this healthcare. We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect.

Saugus Dental will only disclose your personal information when:

- Planning care and treatment
- Communicating with your insurance care provider, if applicable
- Communicating with other health care professionals who may contribute to your care
- Required by federal, state, or local law
- Required to avert a serious threat to your health or that of others during an emergency

Saugus Dental requests your permission to:

- Have a sign-in sheet
- Call out your name at the time of your appointment
- Communicate via phone call, text, or email regarding your scheduled appointment
- Communicate via mail, text, or email to remind you when you're due for a visit
- Communicate via phone call regarding status of treatment authorization or insurance eligibility
- Communicate via phone call or mail regarding payment of services rendered

Saugus Dental will ask for your written permission prior to using your personal information for any other reasons other than minimally necessary for our healthcare operations. **Your information rights with respect to your PHI provide you with the right to:**

- Revoke this consent in writing, except to the actions that Saugus Dental has already taken
- Inspect your record, request an amendment where you believe the information is inaccurate or incomplete, request restrictions, obtain a copy of your health information, request a list of disclosures we have made on your behalf
- File a complaint to our office or the Secretary of HHS if you believe your privacy rights have been violated. There will be no retaliation for filing a complaint.

Saugus Dental may discuss my dental and health diagnosis and or treatment with:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

By signing this agreement, I have read and understood this practice's Notice of Privacy Practices.

X _____ / ____ / ____
Signature of patient (or parent/guardian if patient is a minor) Date