



## SUMMARY OF NOTICE OF PRIVACY PRACTICES

- We are required by law to maintain the privacy of protected health information, and need your written permission before we can disclose your health information.
- Situations where your health information **can** be released:
  - To doctors and health care personnel who are involved in your care and need information to provide care to you
  - Your health insurance company
  - Public health risks
  - Law enforcement and subpoenas in civil law
- YOUR RIGHTS
  - To look at or obtain copies of your records--request in writing with limited exceptions.
  - Right to request restrictions--restrict what, how much and to whom.
  - Right to request confidential communication
  - Right to copy of Privacy Practices
  - ALL REQUESTS MUST BE MADE IN WRITING TO OUR OFFICE
- I have reviewed this summary of the HIPAA privacy practices of Jennifer Koch, DMD, PC and was allowed to review the complete document.

Optional:

I give permission for your office to share my dental/health information with the following person(s), and understand that I may revoke this arrangement in writing.

Name(s): \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_

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

Print Name: \_\_\_\_\_