



FOREST FAMILY DENTISTRY PLLC.

Statement of Privacy Practices.

Our office is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

Protecting your personal healthcare information

We use and disclose the information we collect from you only as allowed by the health insurance Portability and Accountability Act and the state of Virginia. This includes issues relating to your treatment, payment, and our health care operations. Your personal health information will never be otherwise give to anyone, even family members, without your written consent. You of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our offices and electronic systems are secure form unanauthorized access and our employees are trained to make certain that the confidentiality of your record is always protected. Our privacy policy and practices apply to all former, current, and future patients, so you can be confidential that your protected health information will never be improperly disclosed or released.

Collecting Protected Health Information

We will only request personal information needed to provide our standard of quality health care implement payment activities, conduct normal health practice operations, and comply with the law. This may include your name, address, telephone numbers, social security number, employment data, medical history, health records, etc. while most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will be always being protected to the full extent of the law.

Disclosure of your Protected Health Information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and government officials under certain circumstances. We will not use your information for marketing purpose without your written consent.

We may use and or disclose your health information to communicate reminders about your appointment including messages, answering machines and postcards.

Patient Right

You have a right to request copies of your healthcare information in writing. We thank you for being a patient at our office

X

Signature of patient/parent/guardian

Date