



NOTICE OF PRIVACY PRACTICES

THOMAS A. TURNER D.D.S | GRANT B. TURNER D.D.S.

We support your right to the privacy of your health information. We are required by applicable Federal and State law to maintain the privacy of your health information and to provide you this notice about our privacy practices, our legal duties, and your rights concerning your health information.

We reserve the right to make the changes in our privacy practices and the terms of our notice effective for all health information that maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new notice available upon request. You may request a copy of our notice at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

This notice allows us to use and disclose health information about you, or your minor child if you are a parent or guardian, as necessary, for treatment, payment, and healthcare options. We will limit the release of information necessary to assist in the specific need. Examples include:

TREATMENT: A sign in sheet maybe used as a means of identification of patients. Schedules will be posted in our operatories to assist in providing treatment. We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

PAYMENT: We may use and disclose your health information to obtain payment for services we provide to you. Payment will be discussed at the front desk.

HEALTHCARE OPERATIONS: Professional discretion is our goal. We may use and disclose your health information in connection with our healthcare operations but will limit disclosure to the specific information need. This use includes cooperation of treatment, quality assessment and improvement activities, reviewing the competence and provider performance, conducting training programs, accreditation, licensing, or credentialing activities.

PERSONS INVOLVED IN CARE: In the event of your incapacity or in an emergency circumstances, we will disclose health information based on a determination using our professional judgment that is directly relevant to the person's involvement in your healthcare or identification. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

MARKETING HEALTH-RELATED SERVICES: We will not use your health information for marketing communications without your written authorization.

ABUSE OR NEGLECT: We are required to disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

CONTACT MODES: We will use voicemail messages or answering machines, postcards, emails, or letters if we cannot reach you personally. If we cannot speak with you directly, we will limit the information divulged as much as possible, except in matters of medical necessity.

PATIENTS RIGHTS

ACCESS: You have the right to look at or get copies of your health information with limited exceptions. If you request copies, we will charge you per page, according to the limits set by state law. We will charge you a reasonable cost-based fee for expenses such as copies and staff time.

RESTRICTIONS: You have the right to request that we place additional restrictions on our use of disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

AMENDMENTS: Health information should be amended as necessary. You should advise us when changes in your health occur.

QUESTIONS AND COMPLAINTS:

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use of disclosure of your health information, you may complain to us or may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request. If you want more information about our privacy practices or have questions or concerns, please contact us.

I have received a copy of this office's Notice of Privacy Practices. This documentation will be placed on file.

Signature: _____ Date: _____

Please Print Name: _____