

BLUE DIAMOND DENTAL, P.A.

NOTICE OF PRIVACY POLICY

As our valued patient, we are vigilantly committed to providing you with exceptional service and protecting your individual rights. To do this, we rely on and sometimes share with other parties, health related information about you. We want you to understand what information we collect; how we share it and the steps we take to protect all patient information. We understand that health related information about you is personal. We are committed to protecting all health information about you. We create a record of the care and services that you receive in our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated in our office whether by the doctor or hygienist. The Law requires us to; make sure that health information that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to health information about you and to follow the terms of this notice.

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples:

FOR TREATMENT: We may use health information about you to provide you with dental treatment of services. We may disclose health information about you to the doctor, hygienist or other staff members who are involved in taking care of you in our office. We may also disclose health information to coordinate and manage health care with a third party. We may also disclose health information about you to people outside our office such as specialists, who may be involved in your dental care after you leave our office.

FOR PAYMENT: We may disclose health information about you so that the treatment and services you receive in our office may be billed to and payment may be collected from you, an insurance company or third party.

FOR HEALTHCARE OPERATIONS: We may use or disclose health information about you in our office operations. Theses uses and disclosures are necessary to run Blue Diamond Dental PA, Dr. Vincent J. Daniels’ office and make sure all patients receive quality care.

AS REQUIRED BY LAW: We will disclose health information about you when required to do so by federal, state or local law. We will also use and disclose your information when requested by national security, intelligence, and other State and Federal officials.

You have the Right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your dental treatment as long as we maintain this information in our records. We ordinarily respond to your request in 30 days or less if the information is located in our facility. You have the right to amend any incorrect or incomplete information, to an accounting of disclosures, to restrict or limit health information that we would disclose about you, to receive communications from us on a confidential basis, to a paper copy of this notice and to file a complaint with our office or with the Secretary of the Department of Health and Human Services.

You have the Right to opt out of inclusion in images/photographs and video used for marketing, communications, and public relations purposes. If you do not opt out you will be included on any Blue Diamond Dental marketing materials.

PLEASE DO NOT PUBLISH OR IN ANY WAY USE MY IMAGE/PHOTO/VIDEO FOR MARKETING, COMMUNICATIONS, OR PUBLIC RELATIONS PURPOSES.

I HAVE READ THE PRIVACY POLICY FOR BLUE DIAMOND DENTAL PA, DR. VINCENT J. DANIELS AND AUTHORIZE BLUE DIAMOND DENTAL PA, DR. VINCENT J. DANIELS TO UTILIZE MY HEALTH RELATED INFORMATION FOR THE USE OF TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS, INCLUDING BUT NOT LIMITED TO FILING A DENTAL CLAIM WITH MY INSURANCE COMPANY, REQUESTING A PREDETERMINATION FOR DENTAL TREATMENT, AND/OR THE FORWARDING OF INFORMATION TO A SPECIALIST FOR MY DENTAL TREATMENT.

PATIENT SIGNATURE _____

DATE _____