

Gail V. Plauka, D.M.D., P.C.

RECEIPT OF NOTICE OF PRIVACY PRACTICES

__ You May Refuse to Sign This Acknowledgement __

I, _____, have received a copy of this practice's Notice of Patient Privacy Practices and hereby give my consent to your use and disclosure of my protected health information to provide treatment, payment and health care operations.

(Patient Name)

(Patient/Parent Signature)

(Date)

Practice Purpose Only

Our practice attempted to obtain written statement for Notice of Privacy Practices. Receipt could not be obtained for the following reason:

- Patient/Parent Refused to Sign Notice
- An emergency occurred and prevented us from obtaining
- Other (Please Specify)

Gail V. Plauka, D.M.D., P.C.

NOTICE OF PRIVACY PRACTICES

This notice describes how personal health information (PHI) about you may be used and disclosed in our pediatric dental practice as established by The Department of Health and Human Services. We are required to implement this notice to our patients no later than April 14, 2003.

We reserve the right to change our privacy practices permitted by law at any time. You may request a copy of this notice at any time. For further information about our privacy practices, or additional copies, please contact our HIPAA Compliance Officer listed at the end of this notice.

Our practice uses and discloses personal health information (PHI) pertaining to your treatment, payment, and healthcare. The following are areas of healthcare operations within our pediatric dental office:

- **Treatment:** For the use and disclose of personal health information to a physician or other healthcare provider. To notify a family member or person responsible for your care, only if you agree that we may do so. You may give us written authorization to use or disclose your health information to anyone for any purpose. We will only disclose your health information to authorities if we believe that you are a victim of abuse, neglect or other violence.
- **Marketing:** We will not use your health information for marketing communications without prior written consent.
- **Payment:** We may use of disclose your personal health information t obtain payment for services rendered to you by purposes of collection.
- **Access to PHI outside the office:** Dentists, Administrator or clerical staff may access PHI from their homes via computer hookup. Patient charts may be taken home for the purpose of review or contacting patients.
- **Telephone:** Our practice confirms appointments and leaves messages on your answering machine or voice mail for appointments, recare visits and account balance information.
- **Communication:** Our practice mails patient information, welcome cards, recare cards, missed appointment cards, insurance and payment information. Communication of patient information may also be by fax or e-mail.
- **Medical, Dental, Scheduling, Insurance, and Account Information :** Normal and routine medical history, dental treatment, scheduling appointments, insurance information and account balance information is discussed in the reception area, front desk, and clinical areas of the office. Daily schedules of patient care are posted in various areas of the office.

Patients have the rights to review or receive copies of their personal health information. You must request in writing to obtain access to your information to our HIPAA Compliance Officer. For this request the fee is \$25.00 for our staff to copy your dental information and dental radiographs, and to package and mail this information.

For Questions and Complaints

If you want more information concerning our privacy practices or your rights, please contact the following:

Compliance Officer: Jordana Efland, Practice Administrator
Address: 350 Johnstown Rd., Suite C
Chesapeake, Virginia 23322
Telephone: 757-482-4777
Fax: 757-546-9820