CASTLE HILLS
3D ORTHODONTICS
Smile with Style

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW

Your protected health information (i.e., individually identifiable information, such as names, dates, phone/fax numbers, email addresses, social security numbers, and demographic data) may be use or disclosed by us in one or more of the following respects:

- To other health care providers (i.e., your general dentist, oral surgeon, etc.) in connection with our rendering orthodontic treatment to you (i.e., to determine the results of cleanings, surgery, etc.);
- To third party payors or spouses (i.e., insurance companies, employers with direct reimbursements, administrators of flexible spending accounts, etc.);
- To certifying, licensing, and accrediting bodies (i.e., the American Board of Orthodontics, state dental boards, etc.) in connection with obtaining certification, licensure or accreditation;
- Internally, to all staff members who have any role in your treatment;
- To other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc.;
- To your family and close friends involved in your treatment.

We may contact you to provide appointment reminders or information about other health – related benefits and services.

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization which you have the right to revoke. Under the privacy rules, you have the right to revoke:

- Request restrictions on the use and disclosure of your protected health information;
- Request confidential communication of your protected health information;
- Inspect and obtain copies of your protected health information;
- Amend or modify your protected health information in certain circumstances;
- Receive an accounting of certain disclosures made by us of your protected health information;

Please note that we are not obligated to:

- Amend your protected health information if, for example, it is accurate and complete; or provide an atmosphere that is totally free of the possibility that your health information may be incidentally overheard by other patients or third parties.

This privacy notice is effective as of the date of your signature. If you have any questions about the information in this notice, please ask for our Privacy Contact Person or direct your questions to the person at our office address

I Hereby Acknowledge that I received and reviewed a copy of this Privacy Notice.

Print Patient Name_____ Date_____

Signature(Patient/Parent/Gaurdian_____