



HIPAA Privacy Statement

THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

DISCLOSURE OF YOUR DENTAL INFORMATION

TREATMENT

We may disclose your dental treatment information to other health care professionals for the purpose of treatment, payment or health care information.

PAYMENT

We may disclose your dental information to your insurance provider for the purpose of reimbursement to you or dental operations.

WORKERS' COMPENSATION

We may disclose your dental information as necessary to comply with Workers' Compensation Laws.

EMERGENCIES

We may disclose your dental information to notify or assist in notifying a family member or another person responsible for your care in the event of an emergency.

PUBLIC HEALTH

As required by law, we may disclose your dental information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting nursing home violence, reporting to the Food and Drug Administration problems and reactions to medications, and reporting of infectious diseases.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

We may disclose your dental information in the course of any administrative or judicial proceeding.

LAW ENFORCEMENT

We may disclose your dental information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

DECEASED PERSONS

We may disclose your dental information to coroners or medical examiners.

ORGAN DONATION

We may disclose your dental information to organizations involved in procuring, banking, or transplanting organs and tissues.

PUBLIC SAFETY

It may be necessary to disclose your dental information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

CHANGE OF OWNERSHIP

In the event that ELDERDENT, LLC is sold or merged with another organization, your dental information/record will become the property of the new owner.

YOUR DENTAL INFORMATION RIGHTS

You have the right to inspect and copy your health information.

You have a right to receive an accounting of disclosures of your protected dental information made by ELDERDENT, LLC.

You have a right to receive a paper copy of this Notice of Privacy Practices at any time, upon request.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

ELDERDENT, LLC reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, ELDERDENT, LLC is required by law to comply with this notice.

ELDERDENT, LLC is required by law to maintain the privacy of your dental information and to provide you with notice of its legal duties and privacy practices with respect to your dental information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: ELDERDENT, LLC by calling this office at 267.708.0156.

This notice is effective as of today's date listed below.

I have read the Privacy Notice and understand my rights contained in this notice. By way of my signature, I provide ELDERDENT, LLC with my authorization and consent to use and disclose my protected dental information for the purposes of treatment, payment and dental operations as described in this Privacy Notice.

First Name _____ **Last Name** _____ **Signature** _____
Relationship to Patient _____ **Date** _____