

**SEVEN HILLS DENTAL CENTER
860 Seven Hills Dr.
Henderson, NV 89052
(702)567-5449**

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health is important to us.

OUR LEGAL DUTY:

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about privacy practices, legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. The notice took effect October 8, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices any time. Any new notices will be available upon request. You may request a copy of your notice at any time. For more information about our privacy practices or for additional copies please contact us.

USES AND DISCLOSERS OF HEALTH INFORMATION

We use and disclose health information about your treatment, payment, and healthcare operations. For example:

TREATMENT: We may use and 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 provided to you.

YOUR AUTHORIZATION: You may give us written authorization to disclose your healthcare information to anyone for any purpose. You then may revoke this in writing at any time. Unless you give us written authorization, we cannot disclose your health information for any reason except those described in this notice.

YOUR FRIENDS AND FAMILY: We may disclose your information to any person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. In the event of your incapacity or emergency circumstances, we will disclose your health information using our professional judgment. We will also use our judgment with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, supplies, and x-rays or similar forms of health information. We may disclose your health information when required by law to do so.

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

Acknowledgement of Receipt

I, _____, have reviewed a copy of the Notice of Privacy Practices.

MESSAGES: Home [] Work [] Cell [] **Ok to leave detailed message Y [] N []

Persons authorized to receive dental information on your behalf: _____,
_____, _____.

[] **Information is NOT to be released to anyone.**

Print Name: _____ **Signature:** _____ **Date:** _____