



Notice of Privacy Practices

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 our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in the notice while it is in effect. This notice is an update for the effective regulations of April 24, 2003 and will remain in effect until we replace it.

Use and Disclosures of Health Information

We use and disclose health information about you for treatment, payment and healthcare operations. This includes but not limited to the following:

- **Treatment:** We may use or disclose your health information to a physician or other health care provider providing treatment to you.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide you.
- **Healthcare Operations:** We may use or disclose your health information in connection with our healthcare operations.
- **Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose.
- **Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up health information or other similar forms of health information.
- **Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.
- **Required by Law:** We may use or disclose your health information when we are required to do so by law.
- **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, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials your health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.
- **Reminders:** We may use or disclose a portion of your health information to provide you with appointment reminders, school excuses, etc. such as voicemail messages, postcards, or letters.

Patient Rights

- **Access:** You have the right to look at or obtain copies of your health information, with limited exceptions.
- **Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency.)
- **Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

I have received a copy of Mint Dental's Notice of Privacy Practices.

Signature of patient, parent or guardian

Date: _____