



## dental clinique

1420 N Arlington Heights Rd, Ste.130

Arlington Heights, IL 60004

Phone: 847 – 392 – 6610

[www.dentalclinique.us](http://www.dentalclinique.us)

[office@dentalclinique.us](mailto:office@dentalclinique.us)

### **Notice of Privacy Practices**

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.**

#### **Your Rights**

- Get an electronic or paper copy of your dental record
- Ask us to correct your dental record
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of those with whom we've shared information
- Get a copy of this privacy notice
- Choose someone to act for you as a legal guardian or power of attorney
- File a complaint if you feel your rights are violated

#### **Your Choices**

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes

#### **Our Uses and Disclosures**

We typically share your health information in the following ways:

- To treat you
- To run our organization
- To bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requirements
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

#### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy
- We will not use or share your information other than as described here unless you tell us in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind

#### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_