

Ellen M. Pacleb, D.D.S.

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*General Dentistry ~ 1307 Solano Avenue ~ Albany, CA 94706*

## *Notice of Privacy Practices*

*All information that is obtained from you by this office is protected and kept confidential. Every reasonable measure to prevent unauthorized disclosure of your protected health information is practiced.*

### *Uses and Disclosures*

- Your protected health information is accessed and used for healthcare and related purposes only.*
- Your protected health information is never sold, rented, transferred, exchanged, and/or used for non-healthcare related purposes including marketing activities without your written authorization.*
- Your protected health information is disclosed to third-party entities without your written authorization for the purpose of treatment, to obtain payment for treatment, and for healthcare operations.*

### *Certain Circumstances*

*Your protected health information can be disclosed without your written authorization in certain limited circumstances:*

- Medical emergencies*
- In situations required by law*
- Individuals involved with your care*
- When requested by public health agency*
- When requested by a law enforcement agency*

*For any purpose other than treatment, obtaining payment, healthcare operations, or certain circumstances, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose protected health information, you can revoke that authorization in writing at any time.*

### *Patient Rights*

- You have the right to request in writing to inspect and/or receive a copy of your health information.\*\**
- You have the right to request an alternate means or location to receive communications regarding your health information.\*\**
- You have the right to request in writing to amend, correct, or delete any recorded health information within our possession.\*\**
- You have the right to request in writing to restrict some of the uses and disclosures of your health information.\*\**
- You have the right to request in writing an accounting of certain disclosures of your health information that were made by this office.\*\**

*\*\* Conditions and limitations may apply; obtain additional information from the front desk.*

*Changes to This Notice: We reserve the right to change privacy practices and the conditions of this notice at any time and without prior notice. In the event of changes, an update notice will be posted and a copy will be sent to you.*

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Protecting the Confidentiality of Your Health Information

It is our desire to communicate to you that we are taking the new Federal (HIPAA-Health Insurance Portability and Accountability Act) laws written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

The most significant variable that has motivated the Federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. This has challenged us to review not only how your health information is used within our computers but also with the Internet, phone, faxes, copy machines, and charts. We believe this has been an important exercise for us because it has disciplined us to put in writing the policies and procedures we use to ensure the protection of your health information everywhere it is used.

We want you to know about these policies and procedures which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws, we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate your HEALTH INFORMATION only for the purposes of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

If you have any questions or concerns, please contact the front desk.