

**Notice of Privacy Practices**

**This notice describes how your health information will be used, disclosed and accessed.**

**Please review carefully as the privacy of your health information is important to us!**

**Use and disclosure of health information:** We use and disclose your health information for treatment, payment and healthcare operations, see examples below.

**Treatment:** You health information may be used or disclosed to:

* a physician or other healthcare provider who is providing treatment to you
* an approved family member or a friend

**Payment:** We may use and disclose your health information to obtain payments for the services provided.

**Healthcare operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessments and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioners and provider performance, conducting training programs, accreditation, certification, licensing, credentialing activities.

**Your authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, please provide a written authorization to use your health information or to disclose it to anyone for any purpose. You also have the right to request restrictions on disclosure of personal health information, or alternative means of communication to ensure privacy.

**Marketing health-related services:** We will not use your health information for marketing communications without your written authorization.

**Abuse or neglect:** We may disclose your health information to the appropriate authorities when we suspect abuse or neglect.

**Appointment reminders:** We may use or disclose your health information to provide you with appointment reminders (such as calls, voicemails, texts, postcards,letters).

**Camera Surveillance Policy**

Riverview Dental PLLC uses closed circuit television (CCTV) images for the prevention, identification and reduction of crime and monitor the premises in order to provide a safe and secure environment for staff and visitors, and to prevent the loss or damage to property.

**Patient Rights**

**Access:** You have the right to look at or get copies of your health information with limited exceptions. If you request copies, we will charge you a reasonable fee to locate and copy tour information and postage if you require copies mailed to you.

**Amendment:** You have the right to request amendments to your health information.

**Questions and complaints:** If you want more information about our privacy practices or have any concerns please contact.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may reach out to us so that we can better serve your needs. Alternatively, you may submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with the U.S. Department of Health and Human Services. A privacy/contact officer has been designated to this office. The privacy officer can be contacted by simply contacting our office and asking to speak with the office manager, who serves asthe privacy officer.

**Patient acknowledgement of privacy practices and consent for disclosure of personal health information:**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have received a copy of this office’s **NOTICE OF PRIVACY PRACTICE** or that this office’s privacy practices were made available to me. I consent to use and disclose to the use and disclosure of my personal health information by your office for treatment, billing/ payment and healthcare operation purposes as outlined in the **NOTICE OF PRIVACY PRACTICES.**

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Signature of patient/guardian Date