

KidSmiles Pediatric Dentistry Notice of Privacy Practices

This notice describes how your child's dental information may be used or disclosed and how you can access this information. Please review it carefully.

At KidSmiles we have always kept our patient's dental information secure and confidential. A new law, HIPAA (Health Insurance Portability & Accountability Act), requires us to continue maintaining that privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your child's dental information to those involved in their treatment. For example, a specialist doctor may review the patient's file if he/she is involved with his/her care.

We may use or disclose your child's dental information for payment and authorization of his/her services. For example, we may send a copy of an x-ray of your child's tooth to your insurance company. We may use or disclose your child's dental information in the course of our normal healthcare operations. For example, one of our staff members will enter their information into the computer. We may share your child's dental information with our business associates, such as a billing service. For your protection, we have a written contract with each business associate that requires them to protect your child's privacy.

We may use or disclose your information to contact you. For example, we may call you to confirm an appointment. If you are not at home, we may leave the information on the answering machine or with a person who answers the telephone. We also may send a recall card to remind you of your child's next check-up.

In an emergency, we may disclose your child's dental information to a family member or another person responsible for their care.

We may release some or all their dental information when required by law. If this practice is sold, your child's information will become property of the new owner. Except as described above, this practice will not use or disclose your child's dental information without your written authorization.

You may request in writing that we do not use or disclose your child's dental information as described above. We will let you know if we can fulfill your request. You have the right to know of any uses or disclosures we make of your child's dental information beyond the above normal uses.

As we may need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have the right to transfer your child's dental information to another practice. After you sign a written request we will mail your child's file for you.

You have the right to see and receive a copy of your child's dental information, with a few exceptions. Please submit in writing a request for the information you want to see. If you also want a copy of your child's records, we may charge a reasonable fee for the copies. You also have the right to request an amendment or change of your child's dental information. Give us your request to make changes in writing. We may or may not make the changes you request, but we will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove or alter earlier documents, but will add new information.

You have the right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing. If we are unable to resolve your concerns to your satisfaction, you have the right to file a complaint with the Department of Health and Human Services, 200 Independence Ave, S.W., Room 509F, Washington, DC 20201.

For more information or assistance regarding your child's dental information privacy, please contact our Privacy Officer, Edna Texier at (415) 681-5437

This goes into effect October 1, 2003.

I have read and received a copy of the KidSmiles Notice of privacy Practices.

Patient Name

Parent/Guardian Signature

Date

Print Name