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For PC and Mac



For phone and tablet



HIPAA Notice Form

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT A PATIENT MAY BE USED AND DISCLOSED AS WELL AS HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Legal Duty:

We are required by federal and state law to maintain the privacy of our patients’ health and dental information. We are also required to give you this Notice about our privacy practices, our legal duties, and our patients’ rights concerning their health and dental information. You may request a copy of our Notice at any time.

Uses And Disclosures Of Health And Dental Information:

- We may use and disclose your health and dental information for treatment, payment, scheduling and healthcare operations.
- We also would need to disclose patient dental and health information in the unusual case of victims of abuse, neglect or domestic violence.
- All Providers at our practice will have access to all patient’s dental and health records.

Patient Rights:

ACCESS: You have the right to look at or receive copies of your health and dental information.

Disclosure Accounting:

You have the right to receive a list of instances in which our business associates or who we disclosed your health or dental information for purposes of treatment, payment, or healthcare operations.

Restriction:

You have the right to request that we may amend your health and dental information under certain circumstances.

Alternative Communication:

You have the right to request that we communicate with you about your health and dental information by alternative locations.

Amendment:

You have the right to request that we may amend your health and dental information under certain circumstances.

Questions and Concerns:

If at any time you would request more information about our privacy practices, or if you have any questions or concern please contact our office at 703-241-5437 or info@growingsmilesofnova.com.

Date: _____ Child’s name: _____

Signature of Patient or Guardian:

Click  icon on the toolbar to add the digital signature. _____