



HIPAA FORM

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning health information. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law.

We use and disclose health information about you for treatment, payment, and healthcare operations. For example, we may use or disclose your health information to a physician or other healthcare provider providing treatment to you. We may use and disclose your health information to obtain payment for services we provide to you.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke in writing at anytime. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To your family and friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, only if you agree that we may do so.

Person involved in Care: We may use or disclose health information to notify, or assist in the notification of (including, identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare.

Marketing Health-Related service: We will not use your health information for marketing communications without your written authorization.

As required by Law: We may use or disclose your health information when we are required to do so by law.

Patient Signature

Date

W A C K F O R D D E N T A L

Parkview Professional Center 9045 Bruceville Road Suite 160 Elk Grove, CA 95758

Ph: 916-683-3841 ■ Fax: 916-683-3848 ■ Web: www.wackforddental.com