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Notice of Privacy Practices

Evergreen Family Dentistry is committed to maintaining the confidentiality of your personal, financial, and health information. State and Federal law requires us to inform you of our policy and practices as long as we provide you service.

How we use and protect your personal information: We authorize individuals to access your personal information only to the extent necessary to conduct our business of serving you, such as making and confirming dental appointments, submitting insurance claims, securing insurance benefit information, and submitting applications for third party payment arrangements per your request. We take steps to secure our building, patient files, and electronic systems from unauthorized access. The employees are trained regarding confidentiality and are held to strict office policy and procedures regarding your personal health information both written and verbal.

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

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

Patient Rights: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. We reserve the right to charge you a reasonable cost-based fee of \$25 to do so.

Persons Involved in care: We may use or disclosed 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 are 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 of emergency circumstances, we will disclose health information based on determination using our professional judgment.

Patient signature _____

Date _____

Parent or Guardian if under 18 years of age _____