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## NOTICE OF PRIVACY PRACTICES

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1. **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.** The notice is provided in two layers: This top layer briefly summarizes how we handle your health information, and the attached bottom layer provides further details of our privacy policies and procedures.
2. **How we may use and disclose your health information.** We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax, or other methods. We may use or disclose your health information without your authorization for several reasons, including for judicial purposes, law enforcement, research, fundraising, appointment reminders and other health related benefits. But beyond those situations, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any future uses and disclosures.
3. **Your rights.** In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.
4. **Our legal duty.** We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgment of receipt of this notice. We may change our privacy policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy policies, contact the person listed below.
5. **Privacy complaints.** If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

**If you have any questions or complaints, please contact:**  
Camzy Helms at 812.379.4321, or at 3105 Middle Road • Columbus, IN 47203.

**Acknowledgment of receipt of Notice of Privacy Practices:** Please sign and print your name and provide the date below to acknowledge that you have received both layers of this Notice of Privacy Practices. If you are the personal representative of the patient/client, please indicate the nature and/or authority for status as a representative.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Representative Authority (if applicable) \_\_\_\_\_

**FOR NORTH PARK DENTISTRY USE ONLY:**

Date Received: \_\_\_\_\_

If not signed, indicated good faith measures to obtain signature \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_