

NOTICE OF PRIVACY PRACTICES

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.

Our **Commitment** here at the **Brannon Waldman Dental Group** is to serve our patients with professionalism and caring, being sure at all times the **PROTECT** the privacy and security of all Protected Health Information.

During the course of serving your interests, it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where information may be shared:

- During Treatment, we may find it necessary to consult with a dental laboratory.
- For payment purposes, we may use the services of a billing service.
- During dental care, we may need to consult with your physician or previous dentist.
- For payment purposes, we may need to supply information requested from your dental insurance company.

We here at the Brannon Waldman Dental Group are committed to obeying Federal, State and Local Laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with written authorization of the individual in question. The individual, as provided by law, may revoke this written authorization at any time.

If you have any questions or comments regarding your Protected Health Information, feel free to call with any questions.

I have read and understand the above Notice of Privacy Practices.

Signed: _____ Date: _____