



**STONESTOWN
ENDODONTICS**

595 BUCKINGHAM WAY, SUITE 532
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Notice of Privacy Practices

We are required by law to maintain the privacy of your dental information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms at any time. THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

For Treatment

We will use your DENTAL INFORMATION within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between dental assistant, dentist, and business office staff. In addition, we may share your dental information with physicians, referring dentists, clinical and dental laboratories, pharmacies or other health care personnel providing you treatment.

For Payment

We may include your dental information with an invoice used to collect payment for treatment you received in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with a similar commitment to the security of your dental information.

For Patient Reminders

Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. These may include postcard, letters, and/or telephone reminders. Additionally, we may contact you to follow up on your care.

For Law Enforcement

As permitted or required by State or Federal law, we may disclose your dental information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

For Family, Friends and Caregivers

We may share your dental information with those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your dental information only when it will be important to those participating in providing your care.

Use and Disclosure of Your Dental Information

Other than is stated above or where Federal, State or Local law requires us, we will not disclose your dental information other than with your written authorization. You may revoke the authorization in writing at any time.

Patient Rights

This new law is careful to describe that you have the following rights related to your dental information. You have the right to request restrictions on certain uses and disclosures of your dental information.

Confidential Communications

You have the right to request that we communicate with you in a certain way. You may request that we only communicate your dental information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

Inspect and Copy Your Dental Information

You have the right to read, review, and copy your dental information, including your complete chart, x-rays and billing records. If you would like a copy of your dental information, please contact us and let us know whether to send it to you by mail or email.

Amend Your Dental Information

You have the right to ask us to update or modify your records if you believe your dental information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change. Your request may be denied if the dental information record in question was not created by our office, is not part of our records or if the records containing your dental information are determined to be accurate and complete.

Documentation of Dental Information

You have the right to ask us for a description of how and where your dental information was used by our office for any reason other than for treatment, payment or dental operations. Our documentation procedures will enable us to provide information on dental information usage from January 1, 2006 and forward. Please let us know in writing the time period for which you are interested.

Request a Paper Copy of This Notice

You have the right to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.