



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*\*You may refuse to sign this acknowledgement\*\***

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PATIENT AND/OR GUARDIAN SIGNATURE:** \_\_\_\_\_

For patients who need pre-medication only:

I am authorizing this office to call me and remind me to take my pre-medication before my appointment. They may leave a message for me regarding this information at any phone number that I have provided.

**PATIENT AND/OR GUARDIAN SIGNATURE:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

We attempted to obtain written acknowledgement of receipt of notice of privacy practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prevented obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Patient reviewed privacy practices but elected not to take one home
- Other (please specify) \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **PRIVACY POLICY**

We understand that the privacy of your personal information is important to you. As your dental office, we believe your right to privacy is a fundamental part of your treatment; as such, we want you to understand our privacy practices and procedures. Should you have any questions regarding these policies please do not hesitate to call the office at (970) 526-6544.

### ***Information We Collect About You***

We collect personal information about you and your family as part of our new patient process, during the course of your care, and from other health care entities you utilize such as dentists and specialists, imaging facilities, laboratories, and your insurance company. This personal information includes items such as your name, address, phone number, birth date, social security number, employer, health history, insurance policy and coverage information, and any other information you provide. During the course of your treatment we will collect dental information regarding diagnosis, treatment plans, progress, and any test results or films.

### ***How Your Information Is Used***

The personal and health information gathered may be used and disclosed with your general consent for purposes of treatment, payment, or routine healthcare operations. This means we may send your information to other dentists or facilities involved in your treatment as well as to your insurance company or a collection agency to obtain payment. Any other uses of your information require a signed authorization by you, the patient, or guardian and can be revoked at any time with a written request. Sterling Smiles Dental does not sell patient information to marketing or pharmaceutical companies. In certain cases of public health interest, we may be required to disclose certain information to local, state, or national health organizations or government agencies. We may contact you to provide appointment reminders or information about your treatment.

### ***Safeguarding Your Personal Information***

We are required by law to (1) make sure that medical information that identifies you is kept private (2) provide you with our privacy policy (3) follow the terms laid out in the privacy policy. As a means of protecting your privacy, we restrict access to your personal and health information to only those employees who require the information to complete their jobs and provide quality service to you.

Sterling Smiles Dental maintains physical, electronic, and procedural safeguards to comply with state and federal regulations that guard your personal information. If you feel that your privacy has been violated, you have the right to file a complaint with the Department of Health and Human Services. The complaint in no way influences your course of treatment with Sterling Smiles Dental.

As of July 1, 2011, the state of Colorado requires that anyone who is prescribed a controlled substance (narcotic) will have the information entered into a nationwide database. The Drug Prescription Monitoring database is very secure, as only physicians and law enforcement can access the database. If you do not wish to have your information entered into this database, please inform the doctor and he will prescribe you a non-narcotic. If you have any questions, you may contact the Colorado State Department of Regulatory Agencies by calling (303) 894-7855.

### ***Changes to Our Privacy Policy***

All new patients will review a copy of our privacy policy. Sterling Smiles Dental occasionally reviews its privacy policy and reserves the right to amend it. Notification of changes will be available at the front desk prior to the effective date of any changes.

### ***Your Right to Restrict Use of Information***

You have the right to request restrictions to our uses or disclosures of your personal or health information, although we are not required to agree to those restrictions. Once your request has been processed, it will remain in effect until you request a change.