

Dayna L. Olstein, D.M.D.
Orange County Pediatric Dentistry, P-LLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

Keeping your health information confidential and secure and using it only as permitted by law is a top priority of this office. You have the right to know how our office uses and discloses your health information. Under the Health Insurance Portability and Accountability Act (HIPAA), Dr. Olstein's office can use your health information for Treatment, Payment and Health Care Operations. In connection with "Treatment", we may use or disclose your health information to other dentists or health care providers who may be treating you. In connection with "Payment", we may use and disclose your health information to facilitate payment by health insurers. In connection with "Health Care Operations", we may use and disclose your health information to facilitate our business operations. We may also contact you by telephone to remind you of appointments and call you by name when the doctor is ready to see you.

Certain uses and disclosures that do not fall under Treatment, Payment or Health Care Operations will require your written authorization. For example, if you would like us to send information to an employer, your written authorization may be required.

We value our patients and the various rights afforded to them under federal and state law to access health information. To that end, we recognize and will accommodate patients' rights to restrict the disclosure of health information, if we agree to such a restriction. We will also accommodate patients' rights to receive confidential communication of their health information and this notice.

We look forward to providing quality service to you and to ensuring that your health information remains confidential.

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

Date _____