

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL 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 Hinsdale Dental P.C. is to serve our customers with professionalism and caring, being sure at all times to 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 find it necessary to acquire a laboratory analysis.
- For payment purposes, we may use a billing service.
- During dental procedures, we may need a second opinion.
- Consulting with a Specialist, i.e.: Periodontists, Endodontists, Orthodontists or Oral Surgeons

We here at Hinsdale Dental P.C. are committed to obeying all Federal, State and Local laws including regulations regarding Privacy Practices. If any uses or disclosures other than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

If you have any questions or comments regarding your Protected Health Information, feel free to contact Mary Nelson, Mary Wolosuk, or Molly Russell, at 630-323-5200.

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

Signed _____ Date _____
(Patient or Legal Guardian)