

BALMORAL DENTAL/GARY L. MONSON, D.D.S., P.C. NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed as well as how you can access this information. Please review it carefully.

At Balmoral Dental, we have always kept your health information secure and confidential. We are required by law to continue maintaining your privacy and to give you this notice and follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.

We may use or disclose your health information for payment of your services. An example would be sending relevant information regarding your care to your insurance company.

We may use or disclose your health information for our normal healthcare and office operations.

We may share your medical information with our business associates, such as a billing service or dental laboratory. We have a written contract with each business associate that requires them to protect the privacy of your information.

We may use your information to contact you. This may include, but is not limited to, mailings, emails and texts. If you are not available, this information may be left on voice mail or with the person who answers the call.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

As we will need to contact you from time to time, we will use whatever address, telephone number or email you prefer.

You have the right to transfer copies of health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with a few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add the new information.

You have a right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with Department of Health and Human Services, 200 Independence Avenue, S.W., Room 50F, Washington, DC 20201. You will not be retaliated against for filing a complaint.

However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Privacy Officer, Dr. Gary Monson, at 312 263 2483.

This notice is in effect as of April 14, 2003.