Paul D. Ellzey, DDS (EllzeyDental)
Notice of Privacy Practices and HIPAA Information

THIS NOTICE DESCRIBES HOW MEDICAL / DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. THIS DOCUMENT ALSO OUTLINES IMPORTANT HIPAA PROVISIONS REGARDING THE RELEASE OF MEDICAL / DENTAL INFORMATION.

1. **Our pledge regarding Dental Information:**
   The privacy of your dental information is important to us. We understand that your medical / dental information is personal and we are committed to protecting it. We create a record of the care and services you receive at EllzeyDental. We need this record to provide you with quality care and to comply with certain legal requirements of the HIPAA Privacy Act. This notice is to describe the ways we may use and share dental information about you. Your rights and certain duties we have as the provider are also described. Throughout this notice we refer to your medical / dental information collectively as dental information.

2. **Our Legal Duty**:
   The law requires EllzeyDental: to keep your dental information private; provide this notice; and follow the terms as outlined in this notice.
   EllzeyDental: has the right to change our privacy practices and terms of this notice at any time, as permitted by law.
   Notice of Change in Privacy Practice: before any important change is made to privacy policies of this dental practice, this notice will be changed and a new notice will be available upon request.

3. **Use and Disclosure of your Dental Information:**
   The following section describes different ways that information is used and disclosed. While not every use or disclosure is listed, we will not disclose your dental information for any purpose not listed in this section without your specific written authorization. Any authorization you provide may be revoked at any time by writing to us at our address, EllzeyDental, 1101 E. Main Street, Prattville, AL 36066.
   - **For Treatment**: Your dental information may be disclosed to any of the staff at EllzeyDental in order to provide dental services to you or to other referred health care providers to assist them in providing services to you.
   - **For Payment**: Your dental information may be disclosed as part of billing to a third party payer or to you.
   - **Coroner, Medical Examiner, Law Enforcement, Public Health and Other Government Entities**: Information may be shared with these individuals as part of their official duties. In addition, as required by law, dental records may be disclosed in response to a court order, subpoena, and warrant or in response to other governmental agencies or in the aide of law enforcement as part of a crime investigation or other review or audit.
   - **Workers Compensation:** Your dental information may be disclosed when necessary to comply with laws related to workers compensation or other similar programs**.**

4. **Your Rights**
   - Look at or get copies of your dental information/records. Depending upon the detail of the request made, EllzeyDental may charge a nominal fee to cover copy expenses and postage, if necessary. You must make your request in writing and EllzeyDental will verify that records are appropriately released.
   - Receive a list of any releases of your dental information for purposes other than treatment, payment and normal office operations.
   - Request additional restrictions on use or disclosure of your dental information. EllzeyDental is not required to agree to these additional restrictions, but if agreed to, EllzeyDental will abide by the request (except in case of emergency).
   - Request a specific methodology of receiving your dental information, and as reasonable, EllzeyDental will make efforts to comply with request.
   - Obtain a copy of this Notice of Privacy Practices and HIPAA Information.
   - You have the right to request that information is not provided to your third party payer (i.e. dental insurance plan) if you are paying for dental services rendered out of pocket and an insurance claim is not submitted for reimbursement.
   - Notification to you in the event that EllzeyDental discovers a breach of your protected information on file. Notice of any such breach will be made in accordance with federal requirements.

Patient Name: _____

Paul D. Ellzey, DDS

Acknowledgement of Receipt of Privacy Notice and Authorization to Release Information:

This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or our good faith effort to obtain that acknowledgement. You may refuse to sign this form. By signing this form, you have confirmed that you have received a copy of the Office's Notice of Privacy Practices.

_____ _____

Patient Signature (If patient is minor, parent / legal guardian signs here) **Date**

Authorization to Release Information:

This form is used to obtain authorization to release information covered under the HIPAA Privacy Act to people other than you. I authorize the following person (s) listed below to have access to information from my records at Office of Paul D. Ellzey, DDS.

_____ _____

Patient Signature (If patient is minor, parent / legal guardian signs here) **Date**

_____ _____

Name (Printed) **Relationship (Spouse, Sister, Friend, etc.)**

_____ _____

Name (Printed) **Relationship**

_____ _____

Name (Printed) **Relationship**

For Office Use Only

We attempted to obtain acknowledgement of receipt of our Notice of Privacy Practice / HIPAA Information, but acknowledgement could not be obtained because:

____ Individual refused to sign

____ Communication barriers prohibited obtaining acknowledgement

____ Other: _____

Signed: _____ **Date:** _____