

# Kalmor Dental HIPPA Policy

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

At Kalmor Dental, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

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

We may use or disclose your child's health information for payment of their services. For example, we may send a report of your child's progress to your insurance company.

We may use or disclose your child's health information for our normal healthcare operations. For example, one of our staff will enter you and your child's information into our computer.

We may share your child's dental information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect you and your child's privacy.

We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your child's appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.

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

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

We will make every effort to keep your health, treatment, and/or payment information confidential. However, due to our open office environment, some information may be inadvertently overheard by other patients, their family or representatives.

If this practice is sold, you and your child's information will become the property of the new owner. Except as described above, this practice will not use or disclose your child's health information without your prior written authorization.

You may request in writing that we not use or disclose your child's 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 child's health information beyond the above normal uses.

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

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

You have the right to see and receive a copy your child's health information, with a few exceptions. Give us a written request regarding the information you want to see.

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

You have the 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 the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, 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 child's health information privacy, please contact our Privacy Officer at (406) 442-1377.

This notice goes into effect as of October 1, 2004.

## Acknowledgement

I have read this copy of Kalmor Dental's Notice of Privacy Practices.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Print Name