



Privacy Notice
This Notice Describes How Medical Information
About You May Be Used And Disclosed And How You
Can Get Access To This Information. Please Review
It Carefully.

Your protected health insurance (i.e., individually identifiable information, such as names, dates, phone/fax numbers, email addresses, social security numbers, and demographic data, etc.) may be used or disclosed by us in one of the following respects:

- *To other health care providers (i.e., your general dentist, oral surgeon, etc.) in connection with our rendering orthodontic treatment to you (i.e., to determine the results of cleanings, surgery, etc.)
- *To third party payors or spouses (i.e., insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment of your account (i.e., to determine benefits, dates of payments, etc.)
- *To certifying, licensing and accrediting bodies (i.e., the American Board of Orthodontics, state dental boards, etc.) in connection with obtaining certification, licensure, or accreditation.
- *Internally, to all staff members who have a role in your treatment.
- *To other patients and third parties who may see or overhear incidental disclosures about your treatment, scheduling, etc.
- *To your family and close friends involved in your treatment.
- *We may contact you to provide appointments reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke at anytime.

5912 Ridge Avenue · Philadelphia, PA 19128 · (215)482-8500
717 Bethlehem Pike, Suite 200 · Erdenheim, PA 19038 · (215)836-9325
3900 Skippack Pike, Suite 4 · Skippack, PA 19474-0116 · (610)584-2300

Under the new privacy rules, you have the right to:

- *Request restrictions on the use and disclosure of your protected health information.
- *Request confidential communication of your protected health information.
- *Inspect and obtain copies of your protected health information.
- *Amend or modify your protected health information in certain circumstances.
- *Receive an accounting of certain disclosures made by us of your protected health information.
- *You may, without risk of retaliation, file a complaint as to any violation by us of privacy rights with us (by submitting inquiries to our Privacy Contact Person at our office address) or the United States Secretary of Health and Human Services (which must be filed within 180 days of violation.)

We have the following duties under the privacy rules:

- *By law, to maintain the privacy of protected health information and to provide you with this notice setting forth our legal duties and privacy practices with respect to such information.
- *To abide by the terms of our Privacy Notice that is currently in effect.
- *To advise you of our right to change the terms of this Privacy Notice and to make the new notice provisions effective for all protected health information maintained by us, and that if we do so, we will provide you with a copy of the revised Privacy Notice.

Please note that we are not obligated to:

- *Honor any request by you to restrict the use or disclosure of your protected health information.
- *Amend your protected health information if it is accurate and complete.
- *Provide an atmosphere that is totally free of the possibility that your protected health information may be incidentally overheard by a third party.

This privacy notice is effective as of the date of your signature. If you have any questions about this information in the Notice, please ask for our Privacy Contact Person or direct your questions to this person at our office address. Thank You.

I HEREBY ACKNOWLEDGE THAT I HAVE REVIEWED A COPY OF THIS PRIVACY NOTICE.

PATIENT NAME

DATE