



## NOTICE OF PRIVACY PRACTICES

**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.**

### **Our Commitment to Your Privacy**

Our dental office is committed to protecting the privacy of your protected health information (PHI). This Notice explains how we may use and disclose your PHI, your rights regarding your information, and our responsibilities under the Health Insurance Portability and Accountability Act (HIPAA).

### **Uses and Disclosures of Your Health Information**

We may use and disclose your health information for the following purposes without your written authorization:

- **Treatment:** To provide, coordinate, or manage your dental care and related services.
- **Payment:** To obtain payment from insurance companies or other third parties for services rendered.
- **Healthcare Operations:** For office operations such as quality assessment, staff training, licensing, and compliance activities.

We may also disclose your information as required by law, for public health activities, health oversight activities, judicial or administrative proceedings, law enforcement purposes, or to prevent a serious threat to health or safety.

### **Other Uses and Disclosures**

Any other use or disclosure of your PHI not listed above will be made only with your written authorization. You may revoke your authorization at any time in writing.

### **Your Rights**

You have the right to:

- Inspect and obtain a copy of your health records
- Request corrections to your health information
- Request restrictions on certain uses or disclosures
- Request confidential communications
- Receive an accounting of disclosures
- Receive a paper copy of this Notice upon request

### **Our Responsibilities**

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of our legal duties and privacy practices
- Notify you following a breach of unsecured PHI

- Follow the terms of this Notice currently in effect

**Changes to This Notice**

We reserve the right to change this Notice. Any changes will apply to all PHI we maintain. The revised Notice will be available in our office and upon request.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

**Contact Information**

If you have questions about this Notice or your privacy rights, please contact:

**Privacy Officer:** Office Manager

**Phone:** (847) 364-5100

**Office Address:** 958 Elk Grove Town Center, Elk Grove Village, IL 60007

**Effective Date:** January 1, 2026

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**ACKNOWLEDGMENT OF RECEIPT**

**NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have been offered and/or received a copy of the dental office's **Notice of Privacy Practices**, which explains how my protected health information may be used and disclosed and describes my rights regarding that information.

I understand that I may request a copy of this Notice at any time.

**Patient Name (Print):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Signature of Patient or Legal Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If signed by a legal representative, please indicate relationship to patient: \_\_\_\_\_