**James A. Crouch, D.D.S.**

**Family Dentistry**

**231-A West Esplanade Ave.**

**Kenner, LA 70065**

**Notice of Privacy Rule**

**The Health Insurance Portability and Accounting Act**

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 Purpose for obtaining your medical information and personal information is to provide quality assurance in your dental treatment and payment of services which will be paid by you and or patient’s insurer. Our staff has been trained to respect the confidentiality of your medical and dental conditions. Patient’s health information may be used or disclosed when necessary to prevent a serious threat to the health or safety of the patient, the public, or another person.

This information may also be used to:

\_\_\_remind the patient of an appointment for treatment.

\_\_\_recommend possible treatment option alternatives.

\_\_\_relate to their health related benefits or services.

\_\_\_be given to a friend or family member who is involved in the medical/dental care of the patient and or is someone who is helping to pay for the patient’s care.

Our office has a legal duty to maintain the Privacy of your personal health information and inform you of your rights. Such information will be primarily used for dental treatment, obtain payment and for other medical health care operations. Patient has the right to complain of any violation to this office or the Secretary of Health & Hospitals without any retaliation.

Our office has the right to change the terms of this notice affecting all patients’ health information and will retain copies for six years as required by law. Revisions and changes will be updated and posted in our office.

Our office may not use or disclose personal health information in a manner that is inconsistent with its notice.

Print Name of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_