

**Rainier Dental Center
Obiora E. Nkwonta, D.D.S.
2300 Rainier Ave S
SEATTLE, WA 98144
206-329-1100**

STATEMENT OF PRIVACY PRACTICES

This notice describes how sensitive information about you may be used and disclosed, and your patient rights regarding this information. **Please review it carefully.**

Protecting Your Personal Healthcare Information

We respect your privacy and the confidential information entrusted to us. Our employees are committed to ensuring that your health information is never compromised.

We use and disclose the information we collect from you only as allowed by the Health insurance Portability and Accountability Act and the State of Washington. This includes treatment, health care operations, and payment purposes. You of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our office and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policies and practices apply to all former, current, and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

Collecting Using Protected Health Information

We will only request personal information needed to provide our standard of quality dental care, implement payment activities, conduct normal dental practice operations, and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, health records, ect. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

Disclosure for your Protected Health Information

As stated above, we may disclose information required by law. We are obligated to provide information to law enforcement and government officials under certain circumstances. For purposes of your treatment, we may disclose your health information to others providing for your care. To receive payment from an insurance plan, we may need to disclose information regarding diagnosis; procedures performed, and recommended care.

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, to these disclosures, in which case we will comply with your requests.

Patient Rights

The health care billing records we create and store are the property of this office. You however have a right to request copies of your healthcare information, request to amend or change your healthcare information, restrict certain uses and disclosure, and request a list of instances in which we, or our business associates, have disclosed your protected information for uses other than stated above. All such requests must be in writing. We may charge you for your copies in an amount allowed by law, if you believe your rights have been violated, we urge Department of Health and Human Services.

Thank you for being our patient. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.

Policy effective date April 1, 2003