



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

SoCal Orofacial Pediatrics/Dentistry for Kids South Bay  
3661 Torrance Blvd #105,  
Torrance, CA 90503

I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS DENTAL OFFICE'S NOTICE OF  
PRIVACY PRACTICES.

**PATIENT'S NAME: (PRINT)** \_\_\_\_\_

OTHER(S) WHO WE MAY RELEASE YOUR PERSONAL INFORMATION: NAME(S)

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

NAME OF PERSONAL REPRESENTATIVE AND RELATIONSHIP IF PATIENT IS A MINOR OR  
INCAPACITATED:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NOTE: YOU MAY REFUSE TO SIGN THIS FORM. IF THE SIGNATURE IS NOT OBTAINED, THE  
OFFICE MUST PROVIDE THE FOLLOWING INFORMATION.

We attempted to obtain a written **Acknowledgment of Receipt of our Notice of Privacy Practice** but we were unable to due to:

**The patient (or person representative) refused to sign**

**Inability to communicate (communication problems)**

**Emergency situation**

**Other:** \_\_\_\_\_

Privacy Officer: Dr. Kris Hendricks, DDS

**SIGNATURE of Officer:** \_\_\_\_\_ **DATE:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## PRIVACY NOTICE (NOTICE OF PRIVACY PRACTICES)

Dr. Kris Hendricks, DDS  
3661 Torrance Blvd #105  
Torrance, CA 90503

This notice is being given to you to ensure our compliance with the Health Insurance Portability and Accountability Act (H.I.P.P.A.) of 1996. We support the effort to protect patient confidentiality and the security of individual health information.

This notice describes how medical, including dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This notice is effective April 14, 2003.

### Statement of Our Duties

We are committed to maintaining the privacy of your personal health information and to comply with all state and federal privacy laws. The purpose of this Privacy Notice is to inform you of our privacy practices and the legal duties. We are required to:

- maintain the privacy of protected health information;
- provide you with this notice of our legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to your requested restriction on how your information used or disclosed;
- accommodate reasonable requests that you may make to communicate health information by alternative means or at alternative locations; obtain those identified in this notice and permitted under law.
- We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be provided to you by mail.

### Statement of Your Rights

You have the right to know how we may use or disclose your personal health information. This notice informs you of those uses and disclosures. There are certain uses and disclosures of your personal health information that we are permitted or required to make by law without your permission. For all other uses and disclosures, we first must obtain your permission. In addition, you have the following rights:

- The right to request that we place additional restrictions on our uses and disclosures of your personal health information. However, we are not obligated to agree to follow any such additional restrictions.
- The right to access, inspect and copy your protected health information which we maintain in our files about you, and
- The right to have us correct or amend any information that we create in error. Request to access or amend your health information should be sent to the contact person and address provided at the end of this notice. We have the right to charge you for this service.
- The right to receive an accounting of your disclosures of your personal health information that we make for purposes other than activities related to your treatment, payment functions or other health care operations.
- The right to request that you receive communications of personal health information in a confidential manner.

### Information We Collect About You

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversations or in a form that you fill out.

- Information that we obtain as a result of your treatment in this office.
- Information that we obtain from your medical or dental records or other related professionals.
- Information that we obtain from other entities, such as health care providers or insurance companies, in order to carry out health care operations.

### **Permissible Uses and Disclosures of Protected Information**

- To Carry Out Treatment Functions. We may use or disclose your health information without your permission
  - in order for other health providers, including laboratories to provide you with treatment.
- To Carry Out Payment Functions. We may use or disclose your health information without your permission to carry out activities related to obtaining payment for the provision of health care, determining coverage, and accessing your benefits under the insurance that you have.
- To Carry Out Certain Operations Relating to Your Healthcare. We also may use or disclose your protected health information without your permission to carry out certain limited activities including reviewing competence or qualifications of health care professionals, conducting quality assessment activities, conducting training, accreditation certification, licensing or credentialing activities.
- In Situation Permitted or Required By Law. We also may use or disclose your protected health information without your written permission for other purposes permitted or required by law, including the following:
  - As authorized by and to the extent necessary to comply with workers compensation or other no fault laws.
  - To a health oversight agency for activities including audits or civil, criminal, or administrative proceedings.
  - To a public health authority for purposes of public health activities (such as to the Food and Drug Administration to report consumer product defects.)
  - To law enforcement official for law enforcement purposes or in response to a court order or in the course of any judicial or administrative proceeding.
  - For approved research purposes.
  - To a government authority including a social service or protective service agency, authorized to receive reports of abuse, neglect or domestic violence.
  - For Purpose for Which We Have Obtained Your Written Permission. All other uses or disclosures such as marketing services of your protected health information will be made only with your written permission, and you may revoke any permission you give us at that time.

### **Complaints About Misuse of Health Information**

You may complain either directly to us or to the Security of Health and Human Services if you believe that your rights with respect to our protection of your health information has been violated. You may file a complaint with us by submitting in writing to the address below that includes as many details (such as names and dates) as possible. You will not be retaliated against in any way for filing a complaint.

### **Our Practice Regarding Confidentiality and Security**

We restrict access to non-public personal information about you to those employees who need to know that information in order to provide our health care or service to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

### **Our Policy Regarding Dispute Resolution**

Any controversy or claim arising out of or relating to our privacy policy, or the breach thereof, shall be settled by arbitration in the state courts, in accordance with the rules of the American Arbitration Association and judgement upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Filing a Complaint:      Office of Civil Rights  
    U.S. Department of Health and Human Services

200 Independent Avenue SW  
Room 509F HHHBuilding  
Washington, D.C. 20201