

Perfect Smiles Family Dentistry

"Where Prevention Leads to a Beautiful Smile!"

Richard M. Freeman, D.D.S.,P.C.

Clinton L. Blake, D.D.S.

SUMMARY of YOUR PRIVACY RIGHTS

Perfect Smiles Family Dentistry may use and give your health information to:

- Treat you
- Get paid
- Refer you to a specialist

Perfect Smiles Family Dentistry may use and give your health information for:

- Law enforcement requests
- Judicial and administrative proceedings relates to legal actions
- Healthcare fraud and abuse detection or compliance with the law
- Use by another healthcare provider treating you
- Government health oversight activities
- Reports required by law related to births, deaths and diseases
- Reports required by law related to neglect and abuse, or domestic violence
- Notify a party about exposure to a possible communicable disease
- Use by another healthcare provider for payment to that provider
- Military, national defense and security or other governmental functions
- Workers' compensation purposes and in compliance with related laws
- Averting a serious threat to public health and safety

You have the right to:

- Inspect or get a copy of your medical record
- Change information on your medical record if you think it is incorrect
- Get a list of persons with whom Perfect Smiles Family Dentistry shared your PHI
- Ask Perfect Smiles Family Dentistry to limit the information it shares
- Ask for a copy of your privacy notice
- Write a letter of complaint to Perfect Smiles Family Dentistry or the federal government

If you have any questions or wish to exercise any right listed in this summary, please contact us as listed below.

Perfect Smiles Family Dentistry
500 N. Eastern Ave.
Moore, OK 73160
Phone 405-912-3300
Fax 405-912-2278

Perfect Smiles Family Dentistry

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____ have received a copy of this office's Notice of Private Practice.

Please Print Name

Signature

Date

- Please check for refusal to sign

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Private Practice, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

