

McLean Endodontics, LLC
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Notice of Privacy Practices (HIPPA)

This notice describes how your health information may be used and disclosed by our office. Please review it carefully.

Our office has always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.

We may also use or disclose the following:

- The law permits us to use or disclose your health information by letter or facsimile to those involved in your treatment. For example, a review of your file by a specialist doctor, staff, or insurance company who may be involved in your care.
- Your health information to the Insurance Company for processing of reimbursements.
- Access your health information for data entry and clinical assisting purposes by our staff.
- Share your medical information with our business associates. We have a written contract with each business associate that requires them to protect your privacy.
- Use your information to contact you. For example, we will be calling to remind you about your appointments and if you are not home or work, we will leave this information on your answering machine or with the person who answers the telephone. Also, we will send newsletters or other information.
- In an emergency, we will disclose your health information to a family member or another person responsible for your care.
- If this practice is sold, your information will become the property of the new owner.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- You will be informed of any uses or disclosures we make with your health information beyond the above normal uses.
- At your request, we can transfer copies of your health information to another practice. You can receive a copy of your health information. Please give us a written request regarding the information you want us to copy.
- If there are any additions or changes to your health information, please inform us in writing so we may update your records.
- If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add the new information.
- If you need a copy of this document, we will be happy to provide one for you.
- If we change any of the details of this notice, we will notify you of the changes in writing.
- Our staff is trained in handling the confidentiality of your health information.
- For more information or assistance regarding your health information privacy, please contact our office.

This notice goes into effect as of April 14, 2003.

PATIENT ACKNOWLEDGEMENT

I have received a copy of the Notice of Privacy Practices (HIPPA).

Date _____

Signed _____ Print Name _____

If signing as a parent or guardian, please note the name of the patient _____