



Notice of Privacy Practices

Your Rights Under the Law:

- You have the right to expect that we will respect and honor your personal medical information.
- You have the right to request a copy of your medical records for yourself and/or to be sent to another physician.
- You have the right to discuss any and all information contained in your medical records with your provider of care in a private environment.
- You have the right to complain to the Privacy Officer regarding how your medical information is guarded, handled, and released (or not released) under the tenets of the law.
- You have the right to express concerns about the law and its limitations to the US Government Department of Health and Human Services.

Practice Duties

It is our responsibility to guard and maintain information about you and your health in a very private manner. This information will be disclosed within the practice on a “need to know” basis, and then kept confidential for your assurance that we comply with Federal, State, and local laws on “Confidentiality of Medical Information.”

Acknowledgement

I, _____ (please print – patient, responsible party name), acknowledge that I have received a copy of Dietmeier Orthodontics “HIPAA Notice of Privacy Practices” document regarding protection of Personal Health Information.

Patient Name(s): _____

Responsible Party's Signature

Date