



Endodontic Specialists

Dr. Sandra Madison DDS, MS, PLLC Dr. Jessica Barr DDS, MS, PA

Notice of Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, obtain payment or dental care operations for other purposes that are permitted or required by law. "Protected health information" is information about you, including demographic information, that may identify you and relate to your past, present or future dental condition. Please contact the Office Manager if you have any questions.

We reserve the right to make changes in our Privacy Practices as law permits. The new terms of our Privacy Practices will consist of all health information that we maintain, including health information we created or received before the changes. Before making a significant change in our Privacy Practices, we will change this Notice and furnish the new Notice upon request.

USES AND DISCLOSURES OF PROTECTED HEALTH CARE INFORMATION

Your protected dental information may be used and disclosed by Dr. Sandra Madison, Dr. Jessica Barr and/or our office staff to your referring dentist. This will enable him / her to definitively restore your dentition.

The following are examples of the types of uses or disclosures of your protected dental care information the office is permitted to make.

Treatment: We will use and disclose your protected dental information to provide, coordinate or manage your dental care and related services. Examples are radiographs, tooth numbers, root canal therapy report, antibiotics/pain medications that were prescribed, or if you are a surgery patient, a specimen (biopsy) to a laboratory for testing.

Payment: Your protected health information will be used to assist you in obtaining any reimbursement from your insurance company. The practice does not accept insurance as a form of payment, but will be happy to assist you in filing your claim.

Others Involved in Your Care: We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care.

Abuse/Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are possibly the victim of abuse, neglect, domestic violence or the possible victim of other crimes. We may disclose your safety or the health/safety of others.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

CONTINUED ON REVERSE

YOUR RIGHTS

You have the right to inspect and be provided with a copy of your protected health care information

This means you may inspect and obtain a copy of protected health information about you, as long as we maintain the records. You will need to request this information in writing. There will be a charge of \$10.00 to copy your health information and a charge for postage if you want the copy mailed to you.

You have the right to request a restriction of your protected health information

You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. This request must be specific and presented in writing.

Complaints:

You may file a complaint with us by notifying our Privacy Practices Coordinator

**Karen Brooks, Office Manager
(828) 277-7668.**

Effective Date:

This notice effective on May 2012