

NOTICE OF PRIVACY PRACTICES
FOR
WIBICKI FAMILY DENTAL
4 CEDAR RIDGE DRIVE, 4F
LAKE IN THE HILLS, IL 60156

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use your health information for treatment or disclose it to a dentist, physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. We may also disclose your information to another healthcare provider or entity that is subject to the Federal Privacy Rules for its payment activities.

On Your Authorization: You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time.

To Your Family and Friends: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare.

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

Marketing Health-related Services: We will **not** use your health information for marketing communications.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit: as required by law. See detailed policy.

PATIENTS RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information.