



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1 OUR COMMITMENT TO YOUR PRIVACY

We are required by law to protect your health information, provide this notice of our legal duties and privacy practices, and abide by the terms of this notice.

2. USES AND DISCLOSURES OF HEALTH INFORMATION

- **Treatment** – to coordinate care
- **Payment** – to get paid
- **Healthcare operations**– improve services
- **Required by law**
- **Public health** activities, research, law enforcement

3. YOUR RIGHTS

- **Inspect and** copy your records
- **Request** corrections
- **Receive** a paper copy of this Notice
- Request restrictions on certain uses
- Revoke authorization in writing

4. OUR RESPONSIBILITIES

- Maintain privacy of your health information
- Provide notice of our duties
- Follow the terms of this notice

5. COMPLAINTS

If you think your privacy rights have been violated, you may:

- **Contact our Privacy Officer at:**
All About Smiles Dental
237 E. Fireweed Ln, STE 101
Anchorage, AK 99503
- **Phone: 907-276-3804**
- <https://www.hhs.gov/hipaa/filing-a-complaint>

6. ACKNOWLEDGEMENT

I acknowledge that I have received and reviewed this Notice of Privacy Practices.

Patient Signature _____

Date _____