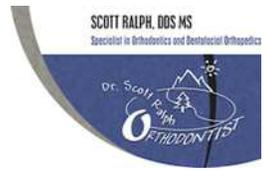


PRIVACY POLICY (HIPAA)



Scott Ralph, DDS MS, Orthodontist

Dr. Scott Ralph and staff respect your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. Federal and state law allows us to use and disclose your protected health information for the purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

Your Health Information Rights

The health and billing records we create and store are the property of the practice. The protected health information in it, however, generally belongs to you. You have a right to:

- ◆ Receive, read and ask questions about this notice.
- ◆ Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But, we will comply with any request granted.
- ◆ Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- ◆ Have us review a denial of access to your health information, except in certain circumstances.
- ◆ Ask us to change your health information. You must give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your orthodontic record, and included with any release of your records.
- ◆ When you request, we will give you a list of disclosures of your health information. This list will not include disclosures:
 - ◆ To funeral directors/coroners
 - ◆ To organ procurement organizations
 - ◆ To the Food and Drug Administration (FDA)
 - ◆ To comply with workers compensation laws
 - ◆ For public health and safety purposes as allowed or required by law
 - ◆ For health and safety oversight activities
 - ◆ For disaster relief purposes
 - ◆ For work related conditions that could affect employee health
 - ◆ To the military authorities of the United States
 - ◆ In the course of judicial /administrative proceedings

We keep a record of the health care services we provide to you. You may ask to see and receive a copy of the record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Dr. Ralph's HIPAA coordinator.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the notice of privacy practices.

Patient or Legally Authorized Individual Signature	Date	Time
Printed Name If Signed on Behalf of the Patient	Relationship	