

## ***Your Privacy Rights***

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice will tell you about the ways in which we may use and disclose information about you. It will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that information used to identify you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to information about you.
- Follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

The following describe different ways that we use and disclose information.

#### **For Treatment**

We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to other health professionals or their staff who are involved in your health care.

#### **For Payment**

We may use and disclose information about you so that the treatment and services you receive at *Chico Creek Dental Arts* may be billed and payment may be collected from you, an insurance company or a third party.

#### **Appointment Reminders**

We may use and disclose information to contact you as a reminder that you have an appointment for treatment at *Chico Creek Dental Arts*

#### **Individuals Involved in Your Care or Payment for Your Care**

We may release information about you to a family member or friend who is involved in your care. We may also give information to someone who helps pay for your care.

#### **As Required By Law**

We will disclose information about you when required to do so by federal, state or local law.

#### **To Avert a Serious Threat to Health or Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, the health and safety of the public, or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

***Chico Creek Dental***  
***555 Salem St.***  
***Chico, CA 95928***  
***(530)895-3732 Fax(530)895-0905***

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding information we maintain about you:

**Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to: *Chico Creek Dental Arts*. If you request a copy of the information, we may charge a fee for the costs of copying, mailing and other supplies associated with your request.

**Right To Request Restrictions**

You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or healthcare. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to: *Chico Creek Dental Arts*. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications**

You have the right to request that we communicate with you about matters in a certain way or at a certain location.

To request confidential communication, you must make your request in writing to: *Chico Creek Dental*.