



**Notice of Privacy Practices HIPAA
Disclosure of Health Information**

We use and disclose health information about your child for treatment, payment, and healthcare operations. We may disclose your child's information to a healthcare provider treating him/her. You may give us written authorization to disclose health information to anyone for any purpose. This may be revoked in writing. We need written permission before any health information is disclosed to any caregivers besides the child's legal guardian. In the event of an emergency, we will disclose information based on our professional judgment. We may use your child's health information to obtain payment for services. We will not use health information for marketing purposes. If we suspect a possible victim of abuse, neglect, or domestic violence we may disclose your child's health information as the law requires. We may disclose your child's health information to provide you with appointment reminders or treatment recommendations (such as voicemails, texts, postcards, emails or letters).

Patients Rights

Access: You have the right to look at or get copies of your health information. If you request copies, we will charge you for each page for staff time to locate and copy the information, and postage if you want the copies mailed. **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of information. **Alternative Communication:** You have the right to request that we communicate with you about your health history in alternative means **Amendment:** You have the right to request that we amend your health information. We may deny your request under certain circumstances.

Signature: _____ Date: _____

OFFICE USE ONLY

I verbally reviewed the medical and dental information above with the parent / guardian and patient named herein

Initials _____ Date: _____

Comments _____