

TOWNSEND BROWN, JR., D.D.S., P.C.

Diplomate - American Board of Pediatric Dentistry
Dentistry for Children, Teenagers and the Handicapped
www.vbkidsdds.com



NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed in our practice as established by the Department of Health and Human Services. We are required to implement this notice to our patients no later than April 14, 2003.

We reserve the right to change our privacy practices permitted by law at any time. You may request a copy of this notice at any time. For further information about our privacy practices, or additional copies, please contact our HIPAA Compliance Officer listed at the end of this notice.

Our practice uses and discloses health information pertaining to your treatment, payment, and healthcare. The following are areas of healthcare operations:

- **Treatment:** For the use and disclosure of personal health information to a physician or other healthcare provider. To notify a family member or person responsible for your care, only if you agree that we may do so. You may give us written authorization to use or disclose your health information to anyone for any purpose. We will only disclose your health information to authorities if we believe that you are a victim of abuse, neglect or other violence.
- **Marketing Purposes:** We will not use your health information for marketing communications without prior written consent.
- **Payment:** We may not use or disclose your personal health information to obtain payment for services rendered to you by purposes of collection.

Our practice respects the privacy of our patients and parents. The following procedures are utilized in the delivery of pediatric dental care:

- **Telephone:** Our practice confirms appointments and leaves messages on your answering machine for appointments, recare visits and account balance information.
- **Mail:** Our practice mails patient information, recare cards, birthday cards, insurance and payment information.
- **Medical, dental, scheduling and insurance information:** Normal and routine medical history, dental treatment, scheduling appointments, and insurance information are discussed in the reception area, front desk, and clinical area of the office. Daily schedules of patient care are posted in various areas of the office.

(Over)

Patients have the right to review or receive copies of their personal dental information. You must request in writing to obtain access to your information from our HIPAA Compliance Officer. For this request, the fee is \$35.00 for our staff to copy your dental information and dental radiographs, and to package and mail this information.

For transfer of your child's dental records, please ask your new dentist to request the dental records. If your dentist requests this information, there will not be a fee. If the parent requests this information, the fee for a patient's treatment summary and radiographs is \$15.00.

For Questions and Complaints

If you want more information concerning our privacy practices or your rights, please contact the following:

Compliance Officer: Kimberly Beckner

Telephone: 757-467-7797

Fax: 757-474-1493

RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this practice's Notice of Patient Privacy Practices and hereby give my consent to your use and disclosure of my protected health information to provide treatment, payment and health care operations.

Patient Name _____

Parent/Guardian _____ Date _____

Please list any individual(s) that the practice may discuss your child's treatment:

Name	Relationship
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Name	Relationship
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You may refuse to sign this acknowledgment, however your signature is needed in order for the practice to communicate with other health providers and to file your dental insurance.

Practice Purpose Only

Our practice attempted to obtain written statement for Notice of Privacy Practices. Receipt could not be obtained for the following reasons:

- Patient refused to sign notice
- An emergency occurred and prevented us from obtaining a signature.