Scott D. Bunday, D.D.S.

1524 Independence Pkwy., Suite A-2

Plano, TX 75075

(972) 964-1032 / (972) 964-0962

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please read and review it carefully. The privacy of your health is important to us.

This office may use and disclose dental/medical and financial information related to your care that may be necessary now or in the future to facilitate payment by third parties for services rendered by us or to assist with, aid in, or facilitate the collection of data for the purposes of utilization review, quality assurance, or medical outcomes evaluation purposes. Such information may be released to insurance companies HMO's and PPO's, managed care organizations, other government or third party payers, or an organizations contracting with any of the above entities to perform such functions.

This office will not use or disclose any of your Dental/Medical or financial information for any purpose not stated above without your specific authorization. You may revoke your authorization at any time.

You may request restrictions on certain uses and disclosures. This office is not required to agree to a requested restriction. You have the right to receive confidential communications of your protected health information. You have the right to inspect, copy and amended your protected health information from this office.

We are legally obligated to maintain the privacy of your protected dental health information and to provide you with this **NOTICE OF PRIVACY PRACTICES** and abide by its terms. We reserve the right to change our privacy practices and apply revised practices to protected health information.

You may register a complaint with this office if you suspect that your privacy rights have been violated. We will investigate the complaint and inform you of the findings. You may also file a complaint with the Secretary of the Department of Health and Human Services.

You may speak with the Office Manager to obtain additional information regarding any questions you may have concerning the **NOTICE OF PRIVACY PRACTICES** or receive a printed copy of this **NOTICE OF PRIVACY PRACTICES.**

I have read and received a copy of the NOTICE OF PRIVACY PRACTICES.

_____

Printed Name of Patient

_____ _____/_____/_____

Signature of Patient/Guardian Date

Notice of Privacy Practices Effective Date: January 1, 2017