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## NOTICE OF PRIVACY PRACTICES

Our office is dedicated to protect the privacy rights of our patients and the confidential information that you have entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principle concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that may affect your rights.

## PROTECTING YOUR PERSONAL INFORMATION

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the State of California. This includes issues relating to your treatment, payment and dental care protocol. Your personal health information will never be otherwise given to anyone, even family members, without your written consent. Of course, you may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our offices and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to former, current and future employees, so you can be confident that your protected health information will never be improperly disclosed or released.

## COLLECTING PROTECTED HEALTH INFORMATION

We will only request personal information needed to provide our standard of quality dental care, implement payment activities, conduct normal dental practice operation and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment information, medical history, health records, etc. While most of the information will be collected from you, personal information will always be protected to the full extent of the law.

## DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental personnel under certain circumstances. We will not use your information for marketing purposes without your written consent.

We may use and/or disclose your health information to communicate reminders about your appointments including voice messages, answering machines and postcards.

## PATIENT RIGHTS

You have a right to request copies of your healthcare information; to request copies in a variety of formats; and to request a list of instances in which we, or our business associates, have disclosed your protected information for uses other than stated above. All such requests must be in writing. We may charge you for copies in the amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

Acknowledgement of receipt of notice of privacy practices

You may refuse to sign this acknowledgement

I have reviewed a copy of this office's Notice of Privacy Practices

See office copy at front desk Personal copy provided upon request

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_