

Oak Park Dental, LLC

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

We are required by applicable federal and state law to maintain the privacy of your health information and to provide you a copy of our policies.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For Example:

Treatment: We may discuss your health information with other healthcare providers.

Payment: We may use and disclose your health information to obtain payment for services we provide.

Healthcare Operations: We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so,

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters). If allowed, we may call your place of employment, voice mail, and/or answering machine and leave a message concerning your appointment, and/or remind you about pre-medication. We may also use e-mail.

Electronic Communication: We may communicate your health information to your healthcare providers and insurance companies via email or other electronic methods.

PATIENT RIGHTS

Access: You have the right to read or obtain copies of your health records. You must make a request in writing to obtain access to your health information.

msglQsug Agggxntiug: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on use or disclosure of your health information.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

You may complain to us and you may submit a written complaint to: The U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201 Telephone: 202-619-0257, Toll Free 1-877-696-6775

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Dr. K. Allen Blackmon Jr. D.M.D. 334 566-8266 fax 334 566-7850