



## Notice of Privacy Practice

Dear Patient:

Our office is committed in protecting the confidentiality of your health information. The “ Privacy Act” enforced by the federal government protects health information that is maintained by physicians, hospitals and other health care providers and health plans.

The notice of privacy Act will explain our privacy practices, and it contains very important information about how your confidential health/dental information is handled in our office. It also describes how you can exercise your right with regard to your protected health/dental information.

By signing this consent form, you are giving us the consent to use and disclose your health information in a protected and confidential manner to carry out treatment, payment activities and health care operations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_