

# Edelweiss Dental HIPAA Privacy Form

The basics of HIPAA privacy and confidentiality, refer to an individual's right to control access and disclosure of their protected health information (PHI). Under HIPAA, this means that information provided by the patient to the dental care provider and notes and observations about the patient's health will not be used for purposes other than treatment, payment or dental operations.

If you want more information about our privacy practices or have questions or concerns, please let us know.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request your made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed above this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon your request.

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

## **Patient Acknowledgement of HIPAA Disclosure and Consent for Necessary use of Personal Health Information**

I consent to the use and disclosure of my personal health information by Edelweiss Dental during treatment, billing/payment and other various dental operations as outlined above.

---

Patient Signature

Date