NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW MEDICAL OR DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

While serving your interests, it may be necessary to share information with other Health Care Providers. The following are some of those instances:

- During treatment, we may find it necessary to acquire a laboratory analysis.
- For payment purposes, we may use the services of a billing or collection agency.
- A second opinion by another Health Care Provider may be deemed necessary.

We here at East Texas Children's Dentistry, P.A., are committed to obeying all Federal, State, and local law and regulations regarding the Health Insurance and Portability Act (HIPAA). We will obtain written authorizations from the parent or legal guardian if any uses or disclosures other than the ones listed above are needed. The authorization may be revoked at any time by the individual, as provided by law.

If you have any questions or comments regarding HIPAA or your protected health information, feel free to contact our office at 903-577-9900.

By signing this form, I am acknowledging I have read and understand the above notice of Privacy Practices

_____ / _____ _____

Signature Print Name Date