FAIRHAVEN DENTURE CARE

GUIDANCE | PRECISION | CONFIDENCE

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Patient Notice of Privacy Practices & Consent Form

Statement of Privacy Practices

At **Fairhaven Denture Care**, we are deeply committed to protecting the privacy and confidentiality of your personal and health-related information. This document outlines how medical and dental information about you may be collected, used, and disclosed, as well as how you can access this information. **Please review it carefully.**

Protecting Your Personal Health Information

We maintain strict physical, electronic, and procedural safeguards to comply with federal and state privacy regulations. Due to our small office layout, conversations may inadvertently be overheard. We deeply value your privacy and take every precaution to protect your health information. If this is a problem please let us know and we will work to accommodate you.

- **Authorized Access:** Only staff members and dental professionals directly involved in your care, treatment, or administrative operations are permitted access to your records.
- **Secure Storage:** All physical files and digital health records are stored in encrypted, secure environments to prevent unauthorized access or disclosure.

Collecting Protected Health Information

To provide you with the highest standard of denture care and clinical treatment, we collect personal health information (PHI) directly from you and other authorized sources. This information typically includes:

- **Personal Details:** Full legal name, date of birth, address, phone number, and email address.
- **Insurance & Billing:** Dental insurance provider details, policy numbers, and financial/payment records.
- **Medical & Dental History:** Past medical conditions, current medications, allergies, previous dental procedures, and specific clinical notes related to your oral health and denture requirements.

Disclosure of Your Protected Health Information

We respect your privacy and will never sell or misuse your personal health information. However, your PHI may be used or disclosed for the following standard purposes:

- **Treatment:** Sharing information with dental specialists, laboratories (e.g., dental fabrication labs), or other healthcare providers involved in creating or servicing your dentures.
- **Payment:** Submitting claims to your insurance carrier or third-party payers to process billing and secure coverage for your procedures.
- **Healthcare Operations:** Internal quality assessment, administrative reviews, and compliance management to ensure our practice operates efficiently and safely.
- **Required by Law:** Disclosures mandated by federal, state, or local law enforcement agencies, public health authorities, or judicial proceedings.

Your Rights as a Patient

Under applicable privacy laws, you retain specific rights regarding your protected health information. You have the right to:

- **Inspect and Copy:** Request to review and obtain physical or electronic copies of your dental and billing records.
- **Request Restrictions:** Ask us to limit how we use or disclose your PHI for treatment, payment, or operations (note that we are not always legally required to agree to requested restrictions).
- **Amend Records:** Request corrections or updates to your health information if you believe it is inaccurate or incomplete.
- **Accounting of Disclosures:** Request a list of instances where we have shared your PHI for purposes other than treatment, payment, or routine healthcare operations.
- **Confidential Communications:** Request that we contact you about your health matters using alternative methods or at alternative locations (e.g., a specific phone number or mailing address).

Patient Acknowledgment & Consent

By signing below, I acknowledge that I have received, read, and understood the Fairhaven Denture Care Statement of Privacy Practices, and I consent to the collection, use, and disclosure of my protected health information as outlined above.

Patient Name (Printed): _____

Signature: _____ **Date:** ____/____/_____

Guardian / POA Signature:_____ **Date:** ____/____/_____