



CHDA

Cherry Hills
Dental Associates, P.C.

FAMILY DENTISTRY AND
DENTAL IMPLANT SERVICES

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PRIVACY NOTICE

This notice is **required** by the new patient privacy regulations issued by the **United States Department of Health and Human Services ("HHS")**, and describes how your medical information may be used or disclosed, and how you gain access to your medical information.

Your protected medical information (i.e. individually identifiable information, such as names, dates, phone/fax numbers, email addresses and demographic data) may be used or disclosed by us in one or more of the following respects:

- To other health care providers (i.e. orthodontist, oral surgeon, endodontist, periodontist, etc.) in connection with our rendering general dental treatment to you;
- To third party payers or spouses (i.e. insurance companies, employers with direct reimbursement, administrators of flexible spending accounts, etc.) in order to obtain payment of your account;
- To certifying, licensing and accrediting bodies (i.e., the state dental boards, etc.) in connection with obtaining certification, licensure or accreditation;
- Internally, to all staff members who have any role in your treatment, and /or
- To other patients and third parties who may overhear conversations about your treatment, scheduling, etc.

Under the new privacy rules, you have the right to:

- Request restrictions on the use and disclosure of your protected health information;
- Request confidential communication of your protected health information;
- Inspect and obtain copies of your protected health information through asking us;
- Amend or modify your protected health information;
- Receive an accounting of certain disclosures made by us of your protected health information; and,
- You may file a complaint with the HHS Secretary as to any violation by us of your privacy rights, which must be filed within 180 days of violation.

We have the following duties under the privacy rules:

- To only utilize your protected health information as set forth in the attached Consent and/or Authorization;
- **To obtain your written consent to use your protected information for treatment, payment or healthcare operations, and to refuse treatment if you refuse to sign the consent;**
- To obtain your written authorization to use your protected patient information for any purpose other than treatment, payment or health care operations;
- To use reasonable efforts to limit the amount of protected health information that is used, disclosed or requested to the minimum degree necessary where such information is used, disclosed or requested for purposes other than treatment; and,
- To obtain satisfactory assurances from our business associates who render services to our office that your protected health information will be safeguarded by them.

Please note that we are not obligated to:

- Honor any request by you to restrict the use or disclosure of your protected health information;
- Amend your protected health information if, for example, it is accurate and complete;
- Provide an atmosphere that is totally free of the possibility that your protected health information may be overheard by other patients and third parties.

If you have any questions about the information in this Notice, please let us know.

Thank you.

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