

SUMMARY OF PRIVACY PRACTICES

This summary of our privacy practices contains a condensed version of our Notice of Privacy Practices. Our full-length Notice is available at the front desk, at www.bayoralsurgery.com, or by contacting the office manager.

This information is made available on request by a patient.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. REVIEW IT CAREFULLY.

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create medical records about your health, our care for you, and the services and/or items we provide to you as our patient. By law, we are required to make sure that your protected health information is kept private.

How will we use or disclose your information? Here are a few examples (for more detail please refer to the Notice of Privacy Practices):

- ▲ For medical treatment
- ▲ To obtain payment for our services
- ▲ In emergency situations
- ▲ To run our Practice more efficiently and ensure all our patients receive quality care
- ▲ For workers' compensation programs
- ▲ To avert a serious threat to health or safety
- ▲ For appointment and patient recall
- ▲ In response to certain requests arising out of lawsuits or other disputes

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our office manager. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You have certain rights regarding the information we maintain about you. These rights include:

- ▲ The right to inspect and copy
- ▲ The right to amend
- ▲ The right to an accounting of disclosures
- ▲ The right to request restrictions
- ▲ The right to a paper copy of this notice
- ▲ The right to request confidential communications

For more information about these rights please see the detailed Notice of Privacy Practices which may be obtained from the front desk, our office manager, or www.bayoralsurgery.com.

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

I have received a copy of Bay Oral Surgery & Implant Center, Ltd.'s Notice of Privacy Practices.

Patient Name Printed

Date

Patient Signature

Authorized Provider Representative

Parent/Guardian or Personal Representative

Parent/Guardian or Personal Representative Signature

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)