



Family Dentistry and Orthodontics

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PATIENT INFORMATION PRIVACY STATEMENT

As required by Federal Health Insurance Portability and Accountability Act, we are required to inform all patients of the method in which your information, both personal and dental, will be protected. Our office will not use or disclose any personal health information except as otherwise required for treatment, diagnosis, billing, practice obligations and individual rights. Health information includes any information – oral, written, or electronic – relating to the patient's past, current, or future physical conditions. This includes information created by a health-care provider, health plan, public health authority, employer, school, university, or clearinghouse that is covered by HIPPA. Additionally, demographic data (name, address, Social Security number, phone numbers, e-mail, etc.) is also included. HIPPA will allow disclosure of these for treatment, payment and health-care operations, as well as in the case of research or public need. Treatment can include one or more dentists or health-care providers, and referral to other practitioners.

Absolutely minimal information will be submitted to any third party or insurance company for payment of dental care provided. Every effort will be made to protect any visual, written or audible information which you may provide or that is gathered during dental examinations.

I have read and understand the above statements regarding privacy standards in this office.

Signed: _____ Date: _____

This will also cover any dependents:

Name: _____

Name: _____