

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read carefully**

## Uses and Disclosure of Health Information

### Treatment, Payment, and Healthcare Operation

Stewart Dental Care uses and discloses your protected health information for treatment and payment and healthcare operations. It is the general policy of Stewart Dental Care that protected health information will be used and disclosed only in accordance with the Health Insurance Portability and Accountability Act of 1996. Some examples of when our office may use your health care information for these purposes include

- Sharing test results with other healthcare providers for confirmation of diagnosis
- Providing diagnosis or other information about your health with your insurance provider or out billing service to obtain payment for healthcare services we provide
- Reviewing information as part of our quality assurance program

### Other Uses and Disclosures

Stewart Dental Care may also disclose your protected health information in compliance with guidelines for the following purposes

- Providing you with information related to your health
- Contacting you regarding appointments, information about treatment alternatives, or other health related services
- Incidental uses or disclosures (daily appointment sheets)
- Compliance with the law including suspected abuse, neglect, or violence
- Providing certain specified information to law enforcement or medical examiner
- Providing information to workers compensation for work related injury
- Public Health Activities as requested by the FDA
- Responding to court orders
- When necessary to avert a serious threat to health or safety
- Providing information to military or veterans affairs
- Informing a family member, other relative, or close personal friend when:  
Information is relevant to the individual's involvement with your care  
Notification of your location or general condition  
To assist in your health care (ie picking up prescriptions or other documents, follow up care)

### Authorization for Other Uses

Stewart Dental Care will obtain your signature for any other uses.

### Your Rights Regarding the Privacy of Your Health Information

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information including the right to:

- Requesting restrictions on certain uses and disclosures. However SDC is not obligated to agree to the request
- Receive confidential communications of protected health information
- Inspect and copy your protected health information with some exceptions
- Amend your health information
- Receive an accounting of disclosures
- Obtain a copy of this notice

**I acknowledge that I have received a copy of this notice regarding the uses and disclosure of my health information**

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Signature of patient or representative

date

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relationship to patient if other than patient