



HIPPA Notice of Privacy Practices

This notice describes how medical information about you maybe used and disclosed and how you can get access to this information. Please review it carefully.

We understand that your medical information is personal and we are committed to protecting it. In order to provide quality care and to comply with legal requirement, we create a record of the care and services that you receive. This Notice applies to all of the records of your care that we maintain, whether created by facility staff or your doctor. We are required by law to: keep your medical information private, give you this Notice of our legal duties and privacy practices with respect to your medical information, and follow the terms of the Notice that is currently in effect.

Use and Disclosures of Protective Health Information:

Your protected health information maybe used and disclosed by your doctor, our office staff and others outside if our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your heath care bills, to support the operation of the doctor's practice, and any other use required by law.

Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party. For example, your protected health information maybe provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment:

Your protected health information will be use, as needed, to obtain payment for your health care services. For example, obtaining approval for dental care may require that your relevant protected health information be disclosed to your health plan to obtain approval for the procedure.

Healthcare Operations:

We may use or disclose, as-needed, your protected health information in order to support the business activities of your doctor's practice. These activities include, but are not limited to, quality assessment, employee review, training of dental students, licensing, fundraising, and conducting or arranging for other business activities. For example, we may disclose your protected health information to staff that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your doctor. We may also call you by name in the waiting room when your doctor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that maybe of interest to you.

Schaumburg 113 East Schaumburg Road | Schaumburg, IL 60194 | 847-301-1818 | Fax 847-301-1981 schaumburg@revolution-dentistry.com

Skokie 4905 Old Orchard Center | Suite 221 | Skokie, IL 60077 | 847-674-2463 | Fax: 847-674-2496 skokie@revolution-dentistry.com

South Elgin 480 Briargate Drive | South Elgin, IL 60177 | 847-841-1818 | Fax: 847-301-1981 southelgin@revolution-dentistry.com



HIPPA Acknowledgement Form

Patient Name: _____

I acknowledge that I received and reviewed the office's HIPPA Notice of Privacy Practices for Revolution Dentistry.

Patient's Signature: _____

Parent/Guardian Signature: _____
(*if patient is a minor)

In case you do not agree to this form, our office must indicate why you declined to do so. Reason for patient's refusal: _____

