

**Angel Dentistry**  
**21027 N. Cave Creek Rd., Suite 3 & 4**  
**Phoenix, AZ 85024**  
**(602) 788-2008**

## **Notice of Privacy Policies**

The information below demonstrates how your protected health information could be accessed and released and what you need to know about this process. This important document should be reviewed thoroughly. Managing the privacy of your protected health information is extremely important to Dr. Amber Angel, D.D.S. and her staff.

*Dr. Amber Angel, D.D.S.* Legal Responsibilities: As authorized by the Federal and State legal requirements your protected health information must be protected. As a part of these regulations we are required to ensure you are aware of the privacy policies, legal duties, and your rights to your protected health information. This notice of privacy policies, outlined below, will be in effect for the duration and must be followed by our practice. This notice will be in effect until it is replaced. **Effective: 01/03/2003**

We reserve the right to modify our private policies and term of this notice at anytime, and will make such modifications within the guidelines of the law. We reserve the right to make the modifications effective for all protected health information that we maintain, including protected health information we created or received before the changes were made. Changing this notice will precede all significant modifications. This notice will be made available upon request.

**PROTECTED HEALTH INFORMATION USE AND DISCLOSURE:** Information regarding your health may be used and disclosed for purpose of treatment, payment and other healthcare operations. Examples cited below further explain the use and disclosure process.

**Treatment:** Use and disclosure of your protected health information may be provided to a physician or other healthcare provider providing treatment to you.

**Payment:** Your protected health information may be used and disclosed to obtain payment for services we provide to you.

**Health Processes:** We may use and disclose your protected healthcare information in relations with our healthcare information and in relations with our healthcare process. These processes include an assessment, improvement activities, reviewing the competence or qualifications of healthcare professionals, provider performances and evaluating practitioner(s), conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** At any time you may provide in writing your authorization for use and disclosure of your protected health information for any purpose. You may choose to revoke your written permission at any time. The revocation must be written. If you revoke your written authorization it will not affect any use or disclosure prior to the revocation.

Your protected health care information may be used and disclosed to you, as described in the patient rights sections of this notice. In addition, your protected health information may be used and disclosed to a family member, friend, or other person to any extent necessary to assist you with your healthcare, but only with your authorization.

**Person Involved in Care:** In order to accommodate the notification of your location, your general condition, or death, your protected health information may be used or disclosed to a family member, your personal representative or another person responsible for your care. If you are present and wish to object to such disclosure of your protected health information you may do so. To the extent you are incapacitated or emergency circumstances exist, we will disclose protected health information that is directly relevant to the person's involvement in your healthcare. We will use our professional judgment and our and our experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information.

**Marketing Health-Related Services:** The use of your protected health information for the purpose of marketing communications is prohibited without your written authorization.

**Require by Law:** Your protected health information may be used or disclosed if required by law.

**Abuse or Neglect:** As required by law, if we have reason to believe that you are the victim of possible abuse, neglect or domestic violence or other possible crimes, your protected health information may be disclosed to the appropriate authorities. If we have reason to believe the use or disclosure of your protected healthcare information will prevent a serious threat to your health, your safety, or the health or safety of others, we may have to provide the necessary protected healthcare information.

**National Security:** Under some circumstances the military may require disclosure of health care information for armed forces personnel. For the purpose of national security activities, counter intelligence and lawful intelligence, authorized federal authorities may require disclosure of protected health information. Protected health care information may be disclosed to correctional facilities or law enforcement authorities with the lawful authority requiring custody of such information.

**Appointment Reminders:** Your protected health care information may be used to assist you with appointment reminders in the form of voicemail messages, text messages, email, postcards, and letters.

This Information is intended as advisory in nature and should not be considered as legal advice nor is substituted for legal advice. This information does not constitute technical system/ security information or advice. It is designed to assist you in your own risk management activities. It is not intended to be exclusively relied upon or used as a substitute for your own-loss control program. Accuracy and completeness are not guaranteed.