DOOR to DOOR
DENTAL CARE

STATEMENT OF PRIVACY PRACTICES AND CONSENT FOR TREATMENT

Door to Door Dental Care is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice.

Protecting Your Personal Healthcare Information

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability ACT and State Washington. This includes issues relating to your treatment, payment and health care operations. Your personnel health information will never be otherwise given to anyone, even family members, without your written consent.

Collecting Protected Health Information PHI

We only request personal information needed to provide standard of quality health care and conduct normal health practice operations and comply with the law.

Disclosure of your protected Health information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and government officials under certain circumstances. We will not use your information for marketing purposes without your written consent. We may use and/or disclose your health information to communicate reminders about your appointments including messages, voice mails and via mail. Any breach in the protection of your personal health information/disclosure will be fully investigated, addressed, and mitigated as established by HIPPA Privacy Rule.

Your Rights as our Patient: You have a right to request copies of your healthcare information. All requests must be in writing. We may charge you for copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S Department of Health and Human Services.

Consent to Treatment

By signing this form, you are acknowledging that you are receiving care from Door to Door Dental Care.I understand that the Dental Hygienist performing my dental care today is not a Dentist and will work within the scope of their licensure. I understand that any recommendation or findings as a result of the visit with the Dental Hygienist is not a diagnosis and that I will need to see a dentist for further evaluation.

We are not contracted with any insurance carrier. **All charges are due at time of service**. We will send an after-visit report to you via mail or email with a receipt of payment. The after-visit report will include itemized services performed and summary of your visit. We are happy to provide your records and dental x-ray upon request.

I have read the above statement and agree to receiving care from **Door to Door Dental Care:**

☐ By checking this box, I acknowledge that I read Door to Door Dental Care's Notice of Privacy Practices. I can obtain a copy of this notice upon request.

I authorize _____ full access to my dental information.

Print Name:	DOB:
Signed:	Date: