**Ekaterina Malinovska DDS**

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**KEEPING YOUR DENTAL RECORD PRIVATE**

Beginning April 14, 2003 our policy regarding dental patients’ private health information is available for your inspection. We are required by law to provide you with this policy and obtain your signature to show that we have done so.

This policy is called **Notice of Privacy Practices** and describes how your health information may be used, and how you can access your information; here is the summary:

* *As always, to optimize your care, relevant information from your health record is exchanged among your health care providers.*
* *We also disclose information from your dental record to maximize insurance benefits you may have, and to obtain payment.*
* *We will not disclose your dental record to any others unless so directed by you or law.*
* *You may ask to see, copy, and correct our record of your dental care by contacting Dr. Malinovska or our “front office” staff.*

By my signature below, I acknowledge that I understand that policies are in place to protect my privacy and I have had the opportunity to review and /or receive a copy of these policies.

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Signature (of patient or legally authorized person) Relationship (Self, Parent,

 P.O.A; Legal Guardian)

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Printed name of Patient Date

Is there someone aside from clinical providers with whom we can share dental /account information regarding this patient?

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This form will be retained in your dental record.