

NOTICE OF PRIVACY PRACTICES

**Reel Dental
5700 W. Olive Ave
Glendale AZ, 85302**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our commitment here is to serve our patients with professionalism and caring, being sure at all times to PROTECT the privacy and security of all Protected Health Information.

During the course of serving your interests, it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where information may be shared:

**During treatment, we may find it necessary to consult with a dental laboratory.
For payment purposes, we may use the services of a billing service.
During dental care, we may need to consult with your physician or previous dentist.
For payment purposes, we need to supply information requested from your dental insurances company.**

We are committed to obeying all Federal, State, and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. The individual, as provided by law, may revoke this written authorization at any time.

If you have any questions or comments regarding your Protected Health Information, feel free to talk to us about it.

I have read and understand the above Notice of Privacy Practices.

**Signed: _____ Date: ____/____/____
(Patient or Legal Guardian)**