



*Advanced Cosmetic, TMJ Rehabilitation and
Restorative Dentistry*

Gonzalez Dental Care
Notice of Privacy Practices

This Notice is meant to describe how your health information may be used and disclosed. Please review it carefully and sign at the bottom of the page.

At *Gonzalez Dental Care*, we always keep your health information secure and confidential. A Law that was recently passed requires us to continue maintaining this privacy for all of our patients, to give you this notice and to follow the terms of this notice. This will be kept in your patient file for future reference. The law permits us to disclose your health information to all who are involved in your treatment. This includes any Specialist to whom we may refer you to. We may also disclose your health information for payment of your services. We may use or disclose your health information for our normal healthcare operations. An example of this is when one of our staff enters your health information into our computer. We may share your medical information with our business associates, such as a billing service. Our business associates are also required to protect your privacy. We may use your information to contact you or send you reminders for your appointments. If you are not at home, we may leave you a message on your machine or with the person whom answers the telephone. In an emergency, we may disclose your information to a family member or any person responsible for your care. We may release some or all of your health information when required by law. If this Dental office is sold, your information will become property of the new owner.

With exceptions of the situations under the above categories, this practice will not disclose your health information without your authorization. You may request in writing that we not use or disclose your information as described above. We will let you know if we can fulfill your request.

You have the right to know if any uses or disclosures we make with your health information that are beyond the above normal uses. We will use the number and address you prefer to contact you. You have the right to transfer copies of your health information to another practice. You have the right to see and receive a copy of your health information. Give us a written request regarding the information you want to see. If you want a copy of your records, we may charge a reasonable fee for your copies. You have the right to request an amendment, in writing, of change to your health information. If you wish to include a statement in your file, please give it to us in writing. We may not make the changes you request, but we will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have a right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing.

I have received a copy of the Notice of Privacy Practices of *Gonzalez Dental Care*

Signature _____

Date _____

Print Name _____ (If signing as a guardian, note patient name)

3988 Mission St.
San Francisco Ca. 94112
(415)334-4554

Website: *GonzalezDentalcare.com*

2943 Broadway, Suite #4
Redwood City, Ca 94062
(650) 365-6170

E-mail: *GonzalezDentalCare@gmail.com*