

**Hunter Endodontics**  
**Acknowledgement of Receipt of Notice of Privacy Practices**

\*You may refuse to sign this acknowledgement\*

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* For Office Use Only\*  
\_\_\_\_\_

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but, acknowledgement could not be obtained because:

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other (Please specify below).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Hunter Endodontics**

### Notice of Privacy Practices

#### **Our Legal Duty**

We are required by law to maintain the privacy of your health information and required to give you this notice about our privacy practices, legal duties, and your rights concerning your health information.

As permitted by law, we may change our privacy practices and the terms of this notice and will make the new notice available upon request. You may request a copy of our notice at any time.

#### **Uses and Disclosures of Health Information**

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health information to obtain payment for services we provide you.

**You're Authorization:** In addition to our use of your health information for treatment or payment, you may give us written authorization to use your health information, which you may revoke it in writing at any time.

**To Your Family and Friends:** We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. We will also use our professional judgment and our experience with common practice 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 health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert threat to your health or safety or the health or safety of others.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

#### **Patient Rights**

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. We will charge you a reasonable fee for expenses. If you request copies, we will charge you \$0.50 for each page, \$25.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a fee for providing your health information in that format.

**Disclosure Accounting:** If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communications:** You have the right to request that we communicate with you about your health information by alternative locations (you must make your request in writing).

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information you may complain to us using the information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We support your right to the privacy of your health information.

**Hunter Endodontics  
1001 Sibley Memorial Hwy, #102  
Lilydale, MN 55118  
651-452-1884**