

John G Zhang, D.D.S.
Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information.

At Dr. Zhang's office, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, give you this notice and follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor of whom we may involve in your care.

We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your health information into our computer.

We may share your medical information with our business associates, such as our accountant and dental laboratory. We have a written contract with each business associate that requires them to protect your privacy.

We may use information to contact you. For example, we may send a newsletter or other document. We may also call to remind you of your appointments. If you are not at home, we may leave information on your answering machine regarding your appointment or the person whom answers the phone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We may release some or all of your information when required by law.

If this practice is sold, your information will become the property of the new owner.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.

You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.

You have the right to transfer copies of your health information to another practice. We will mail your files for you.

You have the right to see and receive a copy of your health information, with few exceptions. A written request is required to obtain information you want to see. If you want a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information. A written request to make changes is required. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but 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.

You may file a complaint with the Dept. of Health and Human Services, 200 Independence Avenue, S.W., Room 509F Washington DC 20201. You will not be retaliated against for filing a complaint.

Before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our office at (909) 621-0563.

This notice goes into effect as of April 14, 2003

John G Zhang, D.D.S
Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgement

By signing this form, I acknowledge that I have received and reviewed a copy of the Notice of Privacy Practices for the office of John G Zhang, D.D.S., as required by law.

(Please print first and last name of patient)

_____ (please circle) patient/guardian
(Signature)

(Date)