

## Notice of Privacy Practices for Scott Welch, DDS

Effective Date: Immediately  
Date of Last Revision: 04/13/03

**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. THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY THE PRACTICE, WHETHER MADE BY THE PRACTICE OR AN ASSOCIATED FACILITY.**

If you have any questions about this notice, please contact \_\_\_\_\_  
at \_\_\_\_\_.

### **WHO WILL FOLLOW THIS NOTICE:**

1. Any health care professional authorized to enter information into your chart (including physicians, PAs, RNs, etc.);
2. All areas of the practice (front desk, administration, billing and collection, etc.);
3. All employees, staff, volunteers, and other personnel that work for or with our practice; and
4. Our business associates (including a billing service, or facilities to which we refer patients), on-call physicians, and so on.

The practice provides this notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

The practice is required by law to:

1. Make sure that the protected health information about you is kept private.
2. Provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you.
3. Follow the conditions of the Notice that is currently in effect.

