

**From:** Christine [cem1967@ptd.net]  
**Sent:** Friday, December 05, 2008 12:28 PM  
**To:** Mubina Gangji  
**Subject:** HIPPA.doc

## NOTICE OF PRIVACY PRACTICES

**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 at GENTLE FAMILY DENTISTRY is to serve our customers with special care and professionalism, 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 acquire a laboratory analysis.  
For payment purposes, we may use the services of billing service.  
During health care operations, we may need a second opinion.

We here at GENTLE FAMILY DENTISTRY are committed to observe all federal, state and local laws and regulations regarding Privacy practices. If any other uses or disclosures other than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

If you have any questions or comments regarding your protection health information, feel to contact our office at 610-861-0190.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Patient or legal Guardian)