

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

Please review it carefully. The privacy of your health information is important to us.

Our Legal Duty:

We are required by applicable federal and state law to maintain the privacy of your health information. We are required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy that is described in this notice while it is in effect. This notice takes effect 4/14/2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time. Provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us using the information listed at the top of this notice.

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 for you.

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

Healthcare Operations: We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing and/or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorizations to use your health information or to disclose it to anyone for your purpose. If you give us an authorization you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your health information to you as described in the patient rights section of this notice. We may disclose your health information to family members, friends 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 do so.

Persons Involved In Care: We may use or disclose health information to notify, assist in the notification of (including identifying or locating a family member) your personal representative or another person responsible for your care, of your location, your general condition or death. If you are present, then prior to use or disclosure of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant with common practice to make reasonable inference 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 permission.

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 a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders such as voicemails, messages, post cards and letters.

RETURN TO DR. MYERS OFFICE
Dr. Peggy Myers DDS PC
7227 North Dreamy Draw Drive Suite #3
Phoenix, Arizona 85020
(602) 861-0505

Acknowledgement of Receipt of Notice of Privacy Practices

I _____ acknowledge that I have received a copy of Dr. Peggy Myers Office's "Notice of Privacy Practices"

This notice describes how Dr. Peggy Myers Office may use and disclose my health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

This notice also informs the patient that Dr. Peggy Myers Office will not release **any** personal information for marketing purposes, or to related organizations.

This notice takes effect April 14, 2003, and will remain in effect until we replace it.

Signature of Patient (or Personal Representative)

Date

Relationship to Patient