

NOTICE OF PRIVACY PRACTICES

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

Please review it carefully and sign the acknowledgment form.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your health information. We are also 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 practices that are described in this notice while it is in effect. This notice enters effect January 1, 2012.

We reserve the right to change our policy practices and terms of the notice at any time; provide such changes are permitted by amicable 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 the health information that we create or received before we need 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 list at the end of the notice.

Use 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 a payment for service we provide you.

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

Your authorization: In addition to your use of health information for treatment payment or healthcare operations you may give us a written authorization to use for health information or disclose it to anyone for any purpose. If you give us 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 disclosure your health information for any reason except those described in this notice.

Persons Involved in Care: We may use and disclose your health information notify, or 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. In the event of your incapacity or emergency circumstances we will disclose healthcare information that is directly relevant to the persons involved in your health. We will also use our professional judgment and our experience with common practice to make reasonable inferences of the best interest in allowing the person to pick up prescription's medical supplies x-ray or similar forms of health information.

Marketing Health Related Service: We will not use your health information for marketing communications without consent.

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

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

National Security: We disclose to military personnel the health information of armed service personnel under certain circumstances. We may disclose your health information to authorize federal officials for lawful intelligence, counterintelligence and other national security activities. We may disclose your health information to national authorities or law enforcement officials requiring law full custody of protection health information.

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

Patient Rights

Access: You have the right to look at or obtain copies of your health information and x-rays with limited exceptions. You may request that we provide you with copies. You may request in writing to obtain access to your health information or x-rays. You may also request copies of your health information and x-rays be email, postal mail, in person at the office where your records were taken. You may obtain a form to request access to receive copies of your records including your health history information transactions. If you wish to have any records sent to another dental office, we do request that you call and/or submit a written request form for release of records including transactions, health information and x-rays. We do not charge for transfer of records or copies of records.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associate's disclosure your health information for purpose other than treatment payment, healthcare, operations and certain other activities for the last seven years, but not before January 1, 2005.

Restrictions: 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 that any emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make a written request. Your request must specify all the alternative means of locations and provide satisfactory explanation as to how payments will be handed under the alternative means or location you requested.

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.

Electronic Notice: If you receive this notice on our website or by electronic mail you are entitled to receive this notice in a written form.

Contact Information

Lighthouse Dental Arlington is located at 2445 26th Road South Arlington, VA 22206. We can be reached by phone 703-920-6600, by fax 703-920-6602, by email lighthousedentalva@gmail.com, or on our website www.lighthousedentalva.com.

Please contact the office to have any health information or records released, transferred or made copies of.

Patient signature

Date

Lighthouse Dental Arlington

Dr. Kevin Mistry

703-920-6600

lighthousedentalva@gmail.com

Reminders

Patient Name: _____

Would you like to receive text message reminders? YES NO

Phone Number: _____

Would you like to receive email reminders? YES NO

Email: _____

Cancellation Policy

In order to keep our professional fees as low as possible, we strive to ensure our patients make their scheduled appointment. We offer reminders by phone, text, or email and seek to confirm each appointment made. When a patient doesn't make an appointment, it wastes valuable time that could have been used productively. To that, we charge a \$100 cancellation fee for any broken hygiene appointment and \$150 per hour cancellation fee for any broken doctor appointment without 48 hour (2 BUSINESS DAYS) notice. This fee covers the cost of sterilizing instruments, our staff, and the doctor's time. By signing this form, you acknowledge and accept our policy.

Name

Date