

P RILL DENTAL

RICHARD D. PRILL DDS PLLC
MATTHEW J. PRILL DDS PLLC
CHRISTOPHER M. PRILL DDS PLLC

PATIENT ACKNOWLEDGEMENT

I, _____, hereby acknowledge that I
have received a copy of the Notice of Privacy Practices.

I, _____, hereby decline receipt of a
copy of the Notice of Privacy Practices.

PATIENT'S SIGNATURE

DATE

SIGNATURE OF PARENT OR PATIENT REPRESENTATIVE

DATE

DESCRIPTION OF LEGAL AUTHORITY TO ACT ON BEHALF OF PATIENT

820 NORTH 30TH STREET BILLINGS, MT 59101 TEL: 406.252.1533 FAX: 406.252.1168

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.

1. Legal Duties of Prill Dental ("PD").
 - a. By law, PD is required to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
 - b. Protected health information includes information that can be used to identify you and that relates to your past, present or future health or condition including your mental health, any health care services that have been provided to you, or payment for these health care services.
 - c. PD is obligated by law to abide by the terms of this Notice of Privacy Practices.
 - d. All individuals associated with PD, either through employment or independent contract, must adhere to this policy. This includes anyone who directly interacts with you and/or who enters information into your medical record.
 - e. PD, with exceptions spelled out in this Notice of Privacy Practices, must keep your protected health information private and it may not be disclosed without your written authorization.
 - f. You may revoke at any time your written authorization permitting PD to disclose your protected health information. Your written revocation must be in writing and delivered to PD. Your written revocation will not be effective for disclosure made by PD before it received your written revocation or if your authorization was obtained as a condition of obtaining insurance coverage.
 - g. There are times that the protected health information we have accumulated about you must be disclosed without your written authorization.
2. How Your Protected Health Information May be Used or Disclosed Without Your Written Authorization.
 - a. Treatment. Your protected health information may be used or disclosed by PD to staff members and employees or to other health care professionals, including physicians, dentists, physician-assistants, nurses, technicians, medical students, residents, or other medical personnel (collectively Health Care Providers) who are involved in your care. These Health Care Providers will use or disclose your protected health information to evaluate your health, diagnose your medical condition, and provide treatment to you.
 - b. Payment. Your medical information may be shared with your third-party payer, such as an insurance company to receive payment for services already rendered, or to receive approval for planned treatment or to ensure coverage. A third-party payer may include an insurance company or health care clearing house, Medicare, Medicaid, or any agency appointed as an administrator of Medicare or Medicaid, Tricare, or Indian Health Services. A third-party payer may also be a parent or guardian, but information disclosed to a parent or guardian will only be disclosed in accordance with applicable state or federal law. Your protected health information may be used to seek payment from other sources of coverage such as credit card companies, that you may use to pay for services.
 - c. Health care operations.
 - i. Operations. Your health information may be used as necessary for such activities as:
 - (1) To support the day-to-day activities, operations and management of PD, such as budgeting and financial reporting, business planning and development, and for the day-to-day management of PD;
 - (2) For quality assurance, such as evaluating and promoting quality health care, including outcomes evaluations and the development of clinical guidelines;
 - (3) For activities relating to improving health or reducing health care costs, protocol development case management and care coordination, contacting health care providers and patients with information about treatment alternatives;
 - (4) Reviewing the competence or qualifications of health care professionals and evaluating their performance;
 - (5) Conducting training programs in which students, trainers or health care providers and professionals learn under supervision to practice or improve their skills;
 - (6) For training of non-health care professionals;