

**DENTAL ON 45**  
**34484 N. US HIGHWAY 45, SUITE C**  
**THIRD LAKE, IL 60030**  
224-541-4066  
**dentalon45.com**

## **HIPPA NOTICE OF PRIVACY PRACTICES**

This notice describes how health information about you may be used and disclosed. Please review carefully.

### **Information Covered By This Notice**

This Notice applies to health information about you that we create or received and that identifies you. This Notice tells you about the ways we may use and disclose your health information. It also describes your rights and certain obligations we have with respect to your health information.

We are required by law to:

- Maintain the privacy of your health information;
- Give you this Notice of our legal duties and privacy practices with respect to that information; and
- Abide by the terms of our Notice that is currently in effect.

### **Common Reasons for Our Use and Disclosure of Patient Health Information**

**Treatment:** We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care.

**Payment:** We may use and disclose your health information to obtain payment from health plans and insurers for the care that we provide to you.

**Appointment Reminders:** We may use or disclose health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, voicemail, or email.

**Disclosure to Family Members and Friends:** We may disclose your health information to a family member or friend who is involved with your care or payment for your care if you do not object or, if you are not present, we believe it is in your best interest to do so.

**Health Care Operations:** We may use and disclose health information about you in connection with health care operations necessary to run our practice, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.

**Abuse or Neglect:** We may disclose your health information to appropriate government authority when we suspect abuse or neglect.

**Required by Law:** We may use or disclose your health information when required to do so by law or national security activities.

If you have additional questions about our privacy practices, please feel free to contact us via email at [dentalon45@gmail.com](mailto:dentalon45@gmail.com) or call us at 224-541-0466.

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(Please Print) Patient Name(s)

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Patient Signature (Parent or Guardian, if Minor)

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Date