

Maple Leaf Dental

7750 15th Ave N.E., Suite A, Seattle, WA 98115 (206) 402-3402 Fax: (206) 402-3460

PATIENT PRIVACY SUMMARY

Dental Office – Washington State

This summary explains how your dental and health information may be used and shared, and your rights regarding that information. A full Notice of Privacy Practices is available upon request.

OUR RESPONSIBILITIES

We are required by law to:

- Protect the privacy and security of your health information
- Follow federal and Washington State privacy laws
- Notify you if there is a breach of your unsecured health information

HOW WE MAY USE YOUR INFORMATION

We may use and share your health information for:

- Treatment: Providing and coordinating your dental care
- Payment: Billing insurance or other payers
- Healthcare Operations: Quality improvement, training, audits, licensing, and compliance

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER SERVICES (SUDS)

Some information related to Substance Use Disorder Services (SUDS) has extra protections under federal law (42 CFR Part 2).

- SUDS information is used or shared only as allowed by law
- Certain disclosures may occur without your permission only in limited situations, such as emergencies or required audits
- Federal law prohibits re-disclosure of SUDS information without proper authorization

OTHER DISCLOSURES ALLOWED BY LAW

We may disclose your information when required or permitted by law, including:

- Public health reporting
- Health oversight and audits
- Court orders or legal proceedings
- Law enforcement purposes
- Preventing a serious threat to health or safety
- Workers' compensation claims

All disclosures are limited to the minimum necessary information.

USES THAT REQUIRE YOUR WRITTEN PERMISSION

We will ask for your written authorization before:

- Using your information for marketing
- Selling your health information
- Any use not described in this summary

You may revoke your authorization in writing at any time.

YOUR PRIVACY RIGHTS

You have the right to:

- Get a copy of your dental records
- Ask us to correct your records
- Request confidential communications
- Ask for limits on how your information is used or shared
- Receive a list of certain disclosures
- Get a paper copy of the full Privacy Notice
- File a complaint without fear of retaliation

Washington State law may provide additional privacy protections.

QUESTIONS OR COMPLAINTS

Privacy Officer: Jia Wang, DDS

Dental Practice: Maple Leaf Dental

Phone: 206-402-3402

Email: office@mapleleafdental.com

You may also file a complaint with the U.S. Department of Health and Human Services.

Additional Disclosure of Authority

In addition to allowable disclosures described in the Notice of Privacy Practices, I hereby specifically authorized disclosure of my protected health care information to the following: (initial all that apply)

_____ Self only
_____ Family member; name and relationship _____
_____ Other (please specify) _____

How we can contact you:

_____ Cell phone _____ Text _____ Personal email _____ Land line
_____ OK to leave a message

Patient Name: _____ Date: _____

Signature: _____

Relationship to Patient: _____

Dependent Family members (18 and under) are also covered by this acknowledgement.

MLD staff: If not signed, please document why.