

STATEMENT OF PRIVACY PRACTICES

The office of Dr. Kelly Clarke is dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. Our staff is committed to ensure your health information is never compromised. If at any time we amend our privacy and practices we will inform you of any changes that may affect your rights.

PROTECTING YOUR PERSONAL HEALTHCARE INFORMATION

The information we collect from you is used and disclosed as allowed by the Health Insurance Portability and Accountability Act and the state of Washington. This may include information relating to your treatment, payment, and our dental care operations. Personal health information will not be disclosed to anyone, even family members, without written consent. As our patient, you may give written authorization allowing our office to disclose your personal information to anyone you choose.

Our practice and electronic systems are secure from unauthorized access. Our employees are trained to ensure the confidentiality of your records. Any former, future or present patients can be confident that protected health information will not be improperly disclosed or released.

COLLECTING PROTECTED HEALTH INFORMATION

We will only request personal information necessary to provide quality dental care, implement payment activities, conduct dental practice operations and comply with the law. This information may include your name, address, telephone number(s), social security number, employment data, medical history, health records, etc. Information may also be collected from third parties if deemed necessary. Again, your personal information will be protected to the full extent of the law.

DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

We may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing purposes without your written consent.

We may use and/or disclose your health information to communicate reminders about your appointments. This may include leaving messages on voicemail, answering machines and sending post cards by mail.

PATIENTS RIGHTS

You have the right to request copies of your healthcare information, request copies in a variety of formats and to request a list of instances in which we or our business associates have disclosed your protected information. All such requests must be in writing. We may charge for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department for Health and Human Services.

**ACKNOWLEDGEMENT OF RECEIPT OF STATEMENT OF
PRIVACY PRACTICES**

I acknowledge that I have received a copy of the Statement of Privacy Practices for the office of Dr. Kelly R Clarke, DDS, PS. The Statement of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office dental care operations, including communications with referring dentists. The Statement of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Statement of Privacy Practices is also posted in the office.

Name of Patient

*Signature of patient or
personal representative
(must be signed by legal parent
or adult guardian 18yrs or older)*

Date

*Description of personal
representative*