



Randall H. Ogata DDS, MS

Privacy Notice

This notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

Your protected health information (i.e.; individually identifiable information such as names, dates phone and fax numbers, email address, social security number and demographic data) may be used or disclosed by us in one or more of the following ways:

- Provided to other healthcare providers such as your dentist or oral surgeon in connection with our rendering your orthodontic treatment.
- Provided to third party payers or spouses in order to obtain payment on your account.
- Provided to certifying, licensing and accrediting bodies such as the American Board of Orthodontics, in connection with obtaining certification, licensure or accreditation.
- Provided internally to staff members who have any role in your treatment.
- Incidentally, information about treatment and / or scheduling may be overheard by other patients or third parties.
- Provided to family or others involved in your treatment.
- Provided when we contact you to give appointment reminders, information about treatment or alternatives or other health related services.

Any other uses or disclosures of your protected health information will be made only after obtaining your written authorization, which you have the right to revoke at any time.

Under the current privacy rules, you have the right to:

- Request the restriction of the use and disclosure of your protected health information;
- Request confidential communication of your protected health information;
- Inspect and obtain copies of your protected health information;
- Amend or modify your protected health information under certain circumstances;
- Receive an account of certain disclosures made by us about your protected health information;
- File a complaint without risk of retaliation of any violation by us of your privacy rights by submitting an inquiry with our privacy contact person at our office or with the United States Secretary of Health and Human Services within 180 days of the alleged violation.

Under the current privacy rules, we are required to:

- Maintain the privacy of your protected health information and provide you with this notice;
- Abide by the terms of our current Privacy Notice;
- Advise you of our right to change the terms of our Privacy Notice, make new notice provisions effective for all protected health information maintained by us and provide you with a copy of the revised notice.

We are not obligated to:

- Honor any request to restrict the use or disclosure of your protected health information;
- Amend your protected health information if it is accurate and complete;
- Provide an atmosphere that is totally free from the possibility that your protected health information may be incidentally overheard by other patients or third parties.

This notice is effective as of the date of your signature. If you have any questions about the information in this notice, please direct them to our privacy contact person. Thank you.

Patient Acknowledgement

By signing below, I acknowledge that I have received and reviewed a copy of this Privacy Notice.

Signature of Patient / Parent / Guardian

Date