



Columbus Endodontic Specialists

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NOTICE OF PRIVACY

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

The offices of Columbus Endodontic Specialists are here to serve you, our patient, with professionalism. Being sure at all times to protect the privacy and security of all protected health information.

During the course of serving your dental needs it may be necessary to share information with other health care providers. The following are examples of instances where information may be shared.

*** During treatment, we may find it necessary to seek a second opinion, speak with your general dentist, refer you to a specialist, contact your insurance company, or request information from your general dentist to file a claim, or speak with a family member or a family physician due to other health related issues that may affect your dental care needs.

Our office is committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with a written authorization from the individual in question. This authorization may be revoked at any time by the individual, as provided for by law.

If you have any questions or comments regarding your Protected Health Information, feel free to ask.

I have read and understand the above Notice of Privacy. This form must be presented upon your first visit with our office and kept on file in your records.

Signed: _____ **Date:** _____
(Responsible Party)

Email address: _____