



2571 ANTHEM VILLAGE DRIVE SUITE 5  
HENDERSON, NEVADA 89052  
**702.454.7704**

Todd W. Newton, D.D.S.  
Corry L. Timpson, D.D.S.  
Robert W. Nisson, D.D.S.

## PATIENT COPY

### Notice of Privacy Practices

The Health Insurance Portability & Accountability Act of 1996(HIPAA) is a federal program that requires that all health records and identifiable information used or disclosed by us in any form, whether electronically, on paper, or verbally are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your protected health information is used and provides penalties for misuse of this information.

As required by HIPAA, we have prepared this explanation of how we are required to keep your protected health information private and how we may use and disclose your protected health information(PHI):

- Your PHI, such as x-rays, insurance information, or **treatment**, may be released to other dental professionals that we may refer you to for treatment.
- Your PHI and identifiable information may be released to your insurance company so that we may obtain **payment** for your dental care.
- Your PHI, may be used for **Health Care Operations**, for the business aspects of running our practice.
- Your PHI may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, or a crime of domestic violence.
- Your PHI may be released to other health care providers in the event you need emergency care.
- Your PHI may not be released for any other purpose than that which is identified in this notice.
- Your PHI may be released only after receiving written authorization from you. You may revoke your permission to release your PHI at any time
- You may be contacted by the practice, by phone or mail, to remind you of any appointments, treatment options, or other dental services that may be of interest to you.
- You have the right to restrict the use of your PHI. However, we reserve the right to refuse the restrictions if it is in conflict with providing you with quality dental care or in the event of an emergency.
- You have the right to review and photocopy any/all portions of your PHI.
- You have the right to make corrections or changes to your PHI.
- You have the right to know who has accessed your PHI and for what reason.
- You have the right to possess a copy of this Privacy Notice upon request.
- The practice is required by law to protect the privacy of its patients. It will keep confidential any and all healthcare information and will provide patients with a list of duties or practices that protect your PHI.
- The practice will abide by the terms of this notice. The practice reserves the right to make changes to this notice and will provide an updated copy upon request.

If you have any questions regarding HIPAA and how it pertains to you, Please ask any of our friendly front office staff.