

PROFOUND

ORTHODONTICS

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review carefully- The privacy of your health information is important to us.

Our legal duty- We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about your privacy practices, our legal duties, and our rights concerning your health information. We must follow the privacies that are described in this notice while it is in effect.. We reserve the right to change our privacy practices and the terms of this notice at any time, providing such changes are permitted by the applicable law. We reserve the right to make changes to our privacy practices and the new terms of our notice for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice please contact us.

Uses and disclosure of health information. We use and disclose health information about you for treatment, payment, and healthcare operations. For example; **Treatment:** we may use or disclose your health information to obtain payment for services we provide for you. **Healthcare Operations:** we may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditations, certification, licensing or credentialing activities.

To your family and friends; we must disclose your health information to you, as described in the patient rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help you with your healthcare or with payment for your healthcare, but only if you agree that we may do so. **Person involved in care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make a reasonable determination.

Marketing health related services: We will not use your health information for marketing communication without your written authorization.

Required by law: we may use or disclose your health information when we are required by law to do so. **Abuse or neglect:** we may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert serious threat to your health or safety or the health or safety of others. **National Security:** we may disclose to military authorities the health information of armed forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody or protection health information of inmates or patient under certain circumstances.

I acknowledge that I have read the above statement and agree to the contents.

Patient Signature

Parent or Guardian's Signature

Date