



College of Dentistry and Dental Faculty Practice
Acknowledgement of Notice of Privacy Practices

IMPORTANT NOTICE REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Patient's Name _____

Your privacy is important to us. We create information about you so we may provide you with quality care. We are committed to protecting this information. The Notice of Privacy Practices describes your rights with regard to your health information, as well as how we may use your health information, and how we must protect the confidentiality of your health information. This is a summary of the more detailed information contained in our Notice of Privacy Practices.

Your rights include:

- A right to inspect and request a copy of your treatment information;
- A right to request an amendment to your health information;
- A right to request restrictions on what information we use or how we disclose your health information;
- A right to receive an accounting of certain disclosures we have made of your health information;
- A right to receive a paper copy of our Notice of Privacy Practices.

These rights do have special restrictions, so it is important that you read the full Notice of Privacy Practices.

We may also use your health information and/or treatment records to:

- Plan for your care;
 - Help your health care providers communicate and work together to care for you;
 - Submit bills to pay for your care;
 - Help health care payors make sure services were actually provided;
 - Help improve the quality of health care. For example, if you are treated in our facility, specific College of Dentistry or Dental Faculty Practice representatives may review your chart to ensure quality care was provided;
- and
- Disclose information to certain officials or organizations where we may, or are, required to do so by law.

The Ohio State University College of Dentistry is an academic and research institution. Researchers who are working to find new treatments and cures, or important information to improve your health care and the health care of the general public may use or access your information. We may share your information to assist in the training and education of health care professionals. Every person who may access your information is bound by our confidentiality requirements, as outlined in our Notice of Privacy Practices.

We encourage you to carefully read the Notice, and to contact the College of Dentistry and Dental Faculty Practice Privacy Office at (614) 292-1810 if you need more information. You may also access our Notice of Privacy Practices on our website, dentistry.osu.edu under "Patient forms".

I have received the Notice of Privacy Practices for The Ohio State University College of Dentistry and Dental Faculty Practice.

Signature: _____
Patient/Parent/Legal Guardian/Representative

Date: _____

Documentation of Attempt: