



Susan H. Lee, DMD

children's dentistry

**3280 HOWELL MILL RD., NW, SUITE 121
ATLANTA, GA 30327**

OUR DENTAL OFFICE PRIVACY POLICY

As dental professionals, Dr. Lee and her staff implemented this Health Information Privacy Policy and Procedures to protect the interest of our patients and to fulfill our legal obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the amended modifications of 2002 and state law that provide greater information are important to us. We will not use your health information for marketing communications. We may use your health information:

- To other dental specialist to who you are referred
- To provide you with appointment reminders
- To you or to anyone you designate in writing
- To obtain payment for services we have provided for you
- When required by law

As a patient you have a right to view or transfer your dental records.

If you want more information about the privacy practices of this dental office, or if you are concerned that we may have violated your privacy rights, please contact our office or the U.S. Department of Health and Human Services.

We support your right to the privacy of your health information.

Contact officer: Susan H. Lee, D.M.D.
3280 Howell Mill Rd., N.W.
Suite 121
Atlanta, GA 30327
Phone: (404) 355-8557
Fax: (404) 355-8321

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*** You May Refuse to Sign This Acknowledgement***

I, _____, am the “personal representative” of (generally parent or legal guardian) and have legal authority to make health care decisions about the following minor patient:

Please Print Patient Name Here

I have received a copy of this office’s Notice of Privacy Practices.

Print Your Name / Date

Signature / Date

AUTHORIZATION FOR ADDITIONAL DISCLOSURE:

I authorize the following individuals to accompany my child and have access to health information.

Name:

Relationship:

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |

Parent or Legal Guardian / Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of Our Notice of Privacy Practices, but
acknowledgment could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other (Please Specify)
