

Wendy Z. Bach D.D.S., P.A.

825 Nicollet Mall
425 Medical Arts Building
Minneapolis MN 55402
(612)332-7675

info@bachdds.com
www.bachdds.com



NOTICE OF PRIVACY PRACTICES

This notice describes how medical/dental information about you may be used and disclosed and how you can get access to this information. The privacy of your health information is very important to us. Please review this document carefully.

Wendy Z. Bach, DDS, PA has established a procedure to address concerns that you may have regarding the privacy of your health information.

Patient Name:
Title (Mr/Mrs/Ms/Dr etc):
I prefer to be addressed as:
Birthdate: SS#:
Address:
 City State Zip
Family Status: Married Single Child Other
Home #: Work #:
Email:
Employer:
Address:
Occupation: There for years
Where and when is best to reach you?

Person Responsible for Account
Name:
Relationship: SS#:
Address:
 City State Zip
Home #: Work #:

Account Information
Name on Account: Self Spouse Other
Payment Plan Preferred:
 Cash or personal Check at time of treatment
 Visa, MasterCard, or Discover at time of treatment
 I wish to establish credit with your office for personalized financial arrangements. I authorized a credit history report.

Dental Insurance Information

Primary Insurance Co:
Insurance Co Address:
 City State Zip
Employee: Relationship:
SS#:
Employer: Policy #:
Secondary Insurance Co:
Insurance Co Address:
 City State Zip
Employee: Relationship:
SS#:
Employer: Policy #:

I understand that payment is my obligation regardless of insurance or any other third-party involvement.

Signature:
Date:

Requiring Information

For uses and disclosures of your protected health information (PHI) we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described here. Authorizations can be revoked at any time to stop future uses and disclosures except to the extent that we have already undertaken an action in accordance with your prior authorization.

Use and Disclosure of Health Information

During your care at this clinic, we will gather protected health information (PHI) about you. The section below describes how this information can be used and disclosed to others. In each case we will give you an example of the way this information could be handled. Your PHI may be used for the following purposes.

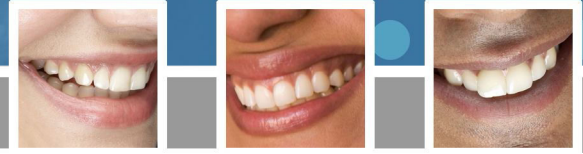
TREATMENT: Our office may use your PHI to provide, coordinate and manage your dental care and treatment. For example, we may use and disclose your health information to coordinate benefits with an insurance plan. We may also share information with other health care professionals, such as specialists as needed to optimize your care.

Continued on next page...

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PAYMENT: Our office may use and disclose the minimum amount of information necessary to obtain payment for services provided by us. For example, we may share your treatment plan with your insurer to determine the coverage allowed by your benefits plan. We may also share the minimum amount of information to a collection agency, if this action is necessary to collect payment for services provided.

HEALTH CARE OPERATIONS: Our office may use and disclose PHI shown you in connections with a wide range of health care operations. These uses and disclosures are necessary to run our practice and to help ensure that our patients receive appropriate care. For example, we may use health information about you to review our treatment and services and evaluate the performance of our staff.

APPOINTMENT REMINDERS: We may use or disclose limited PHI when you are contacted to remind you of a dental appointment. We may contact you by postcard, letter, phone or email.

FAMILY MEMBERS OR OTHER RESPONSIBLE PEOPLE: We may disclose your PHI to a family member or friend who is involved with your care or payment for your care. For example, we may provide limited information to allow a family member to pick up a prescription or dental x-ray for the patient.

DISCLOSURES BY LAW: our office may disclose your PHI only to the extent that we are required by law to do so.

OTHER USES OR DISCLOSURES: Our office may use or disclose PHI in the following cases:

- For public health activities
- Relating to victims of abuse, neglect, and/or domestic violence
- For health oversight activities
- For judicial and administrative proceedings to the extent permitted by law
- For law enforcement activities
- For lawsuits and legal action
- To coroners, medical examiners, funeral directors, as permitted by law
- For organ and tissue donation purposes
- For research, under certain circumstances
- To avert a serious threat to health or safety
- For certain specialized government functions, such as military discharge and national security and intelligence
- For workers' compensation purposes

PRIVACY RIGHTS

RIGHT OF ACCESS: You may inspect and request a copy of your health information from our office. Our office requires you to submit such requests in writing. We also have forms for such request. We will respond to your request within 30 days. If you want copies of your PHI, a charge for copying may be imposed. You have a right to choose which portions of your information you want copied and to have price information on the cost of copying.

RIGHT TO AMEND: If you believe that there is a mistake or missing information on your record of your PMI, you may request in writing that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete, (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for the denial and explain your rights to have the request and denial along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

RIGHT TO RESTRICT USE OR DISCLOSURES: You have the right to ask that we limit how we use or disclose your PHI. You also have the right to request that we consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit use or disclosures that are required by law.

ACCOUNTING OF DISCLOSURES: You have the right to receive an accounting of any disclosures we have made of your PHI for the six years prior to the date of the accounting. This list will not include any disclosures made prior to April, 2003. Excluded from this list will be disclosures made to carry out treatment, payment and health care operations. Also excluded are disclosures to law enforcement officials and certain other disclosures. There will be no charge for one such list per year.

CHANGES IN THIS NOTICE: The effective date of this notice is April 14, 2003. This office is required by law to maintain the privacy of your PHI and to provide you with notice of its legal duties and privacy practices with respect to health information. This office is required to abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice and to make the changed notice provisions effective for all health information we have about you or create or receive in the future. We will promptly revise, post and distribute a revised notice whenever there is a material change to the use or disclosures, individual's rights, our legal duties or other privacy practices discussed in this notice.

Continued on next page...

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YOU HAVE THE RIGHT TO RECEIVE THIS NOTICE

You have the right to receive a paper copy of this notice and/or an electronic copy by email upon request.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we have made about access to your personal health information, (PHI), you may file a complaint with the person listed below. You also may file a written complaint with:

The U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, D.C. 20201

Or call toll free 877-696-6775
Electronic: HHSMail@hhs.gov

We will take no retaliatory action against you if you make such a complaint.

CONTACT PERSON FOR INFORMATION OR TO SUBMIT A COMPLAINT

If you have questions about this notice or any complaints about our privacy practices, please send your written request for a standard complaint form to:

Dr. Wendy Z. Bach, D.D.S., P.A.
800 Nicollet Mall Medical Arts #425
Minneapolis, MN 55402
Attention: Privacy Officer

Or call our office with any questions
612-332-7675
Fax: 612-305-1861
Email: info@bachdds.com

OUR DUTY IS TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this notice about our privacy practices that explains how, when and why we may or may not use and disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI needed to accomplish the intended purpose of that use or disclosure.

We are required to follow the privacy practices described in this notice. You may request a copy of this notice by contacting our office.

Effective date of this notice:

This notice is effective on April 14, 2003

PATIENT PRIVACY ACKNOWLEDGEMENT

I, acknowledge that I have received the office policy notice for:

Wendy Z. Bach, D.D.S., P.A.
825 Nicollet Mall #425
Minneapolis, MN 55402

Patient's Signature:

Date: