

## Bayside Family Dentistry

517 Benfield Rd \* Severna Park MD 21146 \* 410-647-7050

### \*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 IT 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 OUR PRIVACY PRACTICES, OUR LEGAL DUTIES AND YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION. WE MUST FOLLOW THE PRIVACY PRACTICES THAT ARE DESCRIBED IN THIS NOTICE WHILE IT IS IN EFFECT. THIS NOTICE TAKES EFFECT 4/14/03, AND WILL REMAIN IN EFFECT UNTIL WE REPLACE IT.

WE RESERVE THE RIGHT TO CHANGE OUR PRIVACY PRACTICES AND THE TERMS OF THIS NOTICE AT ANY TIME, PROVIDED SUCH CHANGES ARE PERMITTED BY APPLICABLE LAW. WE RESERVE THE RIGHT TO MAKE CHANGES IN OUR PRIVACY PRACTICES AND THE NEW TERMS OF OUR NOTICE EFFECTIVE FOR ALL HEALTH INFORMATION THAT WE MAINTAIN, INCLUDING HEALTH INFORMATION WE CREATED OR RECEIVED BEFORE WE MADE THE CHANGES. BEFORE WE MAKE 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 USING THE INFORMATION LISTED AT THE END OF THIS NOTICE.

FOR A COPY OF OUR FULL PRIVACY POLICIES PLEASE SEE THE PRINT OUT AVAILABLE IN OUR OFFICE.

BAYSIDE FAMILY DENTISTRY

DR. MITRA MADANI

517 BENFIELD RD

SUITE 204

SEVERNA PARK MD 21146

410-647-7050

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES

**\*\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\*\***

I acknowledge that I have received a copy of Bayside Family Dentistry's privacy practices.

Relationship to patient:

Self

Parent

Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_