

Heathcote Dental

7450 Heritage Village Plaza Suite 102 • Gainesville VA 20155 • 571.248.6585

Statement of Privacy Practices

Our office is dedicated to protect the privacy rights of our patients and the confidential information. Each employee is commitment to ensure that your heath information is never compromised. We may amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

Protecting Your Personal Healthcare

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the State of Virginia. This includes issues relating to your treatment, payment and our dental care operations. Your personal heath information will never be shared with anyone without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose. Our offices and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current and future patients so you can be confident that your protected health information will never be improperly released.

Collecting Protected Information

We will only request personal information needed to provide our standard of quality dental care, implement payment activities, conduct normal dental practice operations and comply with the law. This may include your name, address, telephone number, Social Security Number, dated of birth, employment data, medical history, etc. While most of the information will be collected directly from you we may obtain information from other sources. Regardless of the collection method, all data will be protected to the full extent of the law.

Disclosure of Your Protected Information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. We will not use your information for marketing purposes without your written consent. We may use and/or disclose your heath information to communicate reminders about your appointments including voicemail messages, answering machine messages and postcards.

Patient Rights

You have a right to request copies of your healthcare information. Request for copies in a variety of formats and to request a list of instances in which we, or our business associates, have disclosed your protected information for uses other than stated above must be in writing. We may charge for copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the US Department of Health and Human Services.