

Dr. Barry J. LeJeune, DDS

1130 Big Bethel Road

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Notice of Privacy Practices

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding this information.

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: reserving an appointment; examination; prescribing medication(s); referrals to a specialist or other health care professional; or to receive copies of your health information from another professional. Examples of how we use or disclose your health information for payment purposes are: dental benefit plans, or other sources of payment; statements or claims; and collection of unpaid amounts (either through a collection agency or attorney). "Health care operations" includes all administrative and managerial functions for Dr. LeJeune Family Dentistry to practice.

Examples of how we use or disclose your health care operations are: financial audits; internal quality assurance; personnel decisions; participation in benefit plans; defense of legal matters; business planning; and outside storage of records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we will not ask you for your special written permission.

To whom may the information be released (list names of non health professionals that we may release your information): _____

It is completely your decision whether or not to sign this authorization form. We cannot refuse to treat you if you choose not to sign this authorization.

If you sign this authorization, you can revoke it later. The only exception to your right to revoke is if we have already acted in reliance upon the authorization. If you want to revoke your authorization, please submit in writing to the practice administrator.

I acknowledge that I received a copy of Dr. Barry J. LeJeune, DDS Notice of Privacy Practices.

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Date _____ Patient Name(print) _____

Signature of Patient, Parent or Guardian* _____

*If you are signing as a personal representative of the patient and/or patient is under 18 years of age, describe your relationship to the patient and print your name:

Relationship to Patient _____ Print Name _____