

as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply.

This practice is not required to agree to a restriction that you may request. If the Dentist believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to have your PHI amended.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

Complaints. You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. **WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.**

We reserve the right to change the terms of this notice and will inform you by mail any changes.

You then have the right to object or withdraw as provided in this notice.

By signing this agreement, you give us permission to send you recall notices through the mail, or to leave your appointment reminders on your answering machine either at home or at work. IF you do not want reminder messages left, please notify the front office.

By signing this agreement, you are stating that you have read and understand the contents.

This notice becomes effective on or before February 22, 2011.

Signed

Date