

Cascade Dental Group
Ekaterina Malinovska DDS
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KEEPING YOUR DENTAL RECORD PRIVATE

Beginning April 14, 2003, our policy regarding dental patients' private health information is available for your inspection. We are required by law to provide you with this policy and obtain your signature to show that we have done so.

This policy is called Notice of Privacy Practices and describes how your health information may be used, and how you can access your information; here is the summary:

- As always, to optimize your care, relevant information from your health record is exchanged among your health care providers.
- We also disclose information from your dental record to maximize insurance the benefits you may have, and to obtain payment.
- We will not disclose your dental record to any others unless so directed by you or the law.
- You may ask to see, copy, and correct our record of your dental care by contacting Dr. Malinovska or our "front office" staff.

By signing below, I acknowledge that I understand that policies are in place to protect my privacy and I have had the opportunity to review and /or receive a copy of these policies.

Signature of patient or legally authorized person

Relationship (Self, Parent, P.O.A; Legal Guardian)

Printed name of Patient

____/____/____
Date

Is there someone aside from clinical providers with whom we can share dental /account information regarding this patient? If yes, please provide their name, relationship to patient and contact information.

This form will be retained in your dental chart.