

Notice of Privacy Practices

This is a summary of the privacy practices of Clark General & Implant Dentistry. It describes how we may use and disclose your medical and personal information.

Our pledge to protect your privacy

Clark General & Implant Dentistry providers and staff are committed to protecting the privacy of your information. To best meet your dental needs, we may share your medical records with providers involved in your care. We share your information only to the extent necessary to collect payment for the services we provide, to conduct business operations, and to comply with the laws that govern healthcare. We will not use or disclose your information for any other purpose without your permission.

Your rights regarding your medical information

You have the right to:

- Inspect and obtain a copy of your medical records with certain limitations
- Request an amendment or addendum to your medical record
- An accounting of Clark General & Implant Dentistry disclosures of your medical information
- Request restrictions on certain uses and disclosures of your medical information
- Request where and when to contact you
- Request a copy of this Notice of Privacy Practices

We may use and disclose your personal and health information without your authorization for the following purposes:

- To provide you with dental treatment
- To bill and receive payment for services rendered
- As required and permitted by law
- For functions necessary to run Clark General & Implant Dentistry and to ensure that our patients receive quality care
- For research purposes in limited circumstances
- To a coroner, medical examiner, funeral director or organ procurement organization for certain purposes
- To a court or administrative order, subpoena, discovery request or other lawful process
- To a health oversight agency, such as the California Department of Public Health

We reserve the right to change our privacy practices and update this notice accordingly



Dr. Anthony Clark / Dr. Shawn M.Fox

P 559.733.3377 | F 559.733.5614
535 North Akers Street | Visalia, CA 93291

Cgivisalia.com

Patient Acknowledgements and Authorizations

You may refuse to sign this acknowledgement & authorization. In refusing, we may not be allowed to process your insurance claims.

I authorize contact from this office to confirm my appointments, treatment and billing information via:

Cell phone Home phone Work phone Text message Email All

I authorize information about my health be conveyed via:

Cell phone Home phone Work phone Text message Email All

I approve being contacted about special services, events, fund raising efforts or new health info on behalf of this healthcare facility via:

Cell phone Home phone Work phone Text message Email All

Please list any other parties who can have access to your health information (this includes stepparents, grandparents, and any caretakers who can have access to this patient’s records):

Name(s) Relationship

I have received a copy of the Notice of Privacy Practices and Consent/Limited Authorization and Release Form

I have received a copy of the Dental Board of California’s Dental Materials Fact Sheet

If I have had unusually sensitive reactions to other materials in the past, I will discuss this sensitivity with my dentist prior to restoration work.

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for this healthcare facility. A copy of this signed, dated document shall be as effective as the original. Signature also serves as a Personal Health Information (PHI) release should said party request treatment or radiographs be sent to other attending doctors/facilities in the future.

By signing, I acknowledge and authorize that this office may recommend products or services to promote my improved health. This office may or may not receive third party remuneration from these affiliated companies.

I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it and would no longer be protected by federal privacy regulations.

I may revoke this authorization by notifying Clark General & Implant Dentistry in writing. However, I understand

that actions already taken in reliance of this authorization cannot be reversed and my revocation will not affect

those actions. Please list any limitations:

Name of patient

Signature of patient or legal representative

Date