

Dr. Sheela Parekh

Our Commitment, Your Commitment

Harmoniously beliefs and attitudes, increased knowledge and skill through continued education and a friendly team ready to care for your dental care is what you can expect from Dr. Parekh and staff. We offer a comprehensive patient evaluation and detailed patient education on your continued care. Our dedicated team takes pride and makes every attempt to see you at your scheduled appointment time, but because of the special care we give every patient and the nature of dental emergencies, this is sometimes difficult please be assured that when you have an unexpected dental concerns we make every attempt to see you as soon as possible.

HIPPA Provider Notice of Privacy Practices

----- **(initial) Our Legal Duty:** We are required by law to protect the privacy of your information, provide a notice about our information practices, follow the information practices described in this notice and seek your acknowledgement of receipt of this notice. Before we make a significant change in policies, we will change our notice and post a new notice in the waiting area. You can also request a copy of our notice at any time. **Uses and Disclosures:** We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care you receive. Continuity of care is part of the treatment and your records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose identifiable health information about you without your authorization in several situations. Beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you. We may also disclose your health information to provide you with appointment reminders (such as voicemail, postcards or letters). *For more information about our privacy practices, contact the office. As required by the Privacy Regulations, I hereby acknowledge that I have read and received a copy of the practice's Notice of Privacy Practice.*

Consent

Patient Name

Patient/Guardian Signature

Date