



LAGRANGE
ORAL SURGERY & IMPLANT CENTER

Notice of Privacy Practices

Our commitment here at LaGrange Oral Surgery & Implant Center is to serve our customers with professionalism and caring service, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interests it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where information may be shared:

- During treatment, we may find it necessary to acquire a laboratory analysis.
- For payment purposes, we are required to share some information with insurance companies.
- During health care operations:
 - Quality assessment and performance activities
 - Activities related to health insurance and benefits
 - Business planning, development, management and general administrative activities

We here at LaGrange Oral Surgery & Implant Center are committed to obeying all Federal, State, and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

I have read and understand the above Notice of Privacy Practices.

Signed _____
(Patient or Legal Guardian)

Date _____