



Steven L. Hardy DDS

6825 Aliante Parkway
North Las Vegas, NV 89084
(702) 29-HARDY (294-2739)
www.paradisefamilydental.com

HIPAA PRIVACY POLICY

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) we must notify you of our privacy policy. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. An unabridged copy of the privacy statement is available upon request.

We recognize that our relationship with our patients is based on integrity and trust. We work hard to maintain your privacy and are very careful to preserve the private nature of our relationship with you. At the same time, the very nature of our business sometimes requires that we collect or share certain information about you with other health care providers, organizations and companies. We want you to be aware of how we handle personal information and the measures we take to protect it.

We may collect personal information about you from the following sources:

- From you or your authorized representative on forms, in interviews, or by other means;
- From medical, dental, or health care providers, governmental agencies, employers, or others
- From you insurance carriers, their affiliates or others.

To the extent permitted by law, we may disclose the information we collect, as described above, to health care providers, insurance carriers, their party billing agencies, business associates, or other service.

We require anyone to whom we disclose your personal information to protect its confidentiality and to use it solely for the purpose for which it is disclosed.

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products and services to you. We maintain physical, electronic and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information.

Your rights regarding you health information:

- To ask us to restrict our uses and disclosure practice
- To ask us to communicate with you in a confidential way
- To ask for photocopies of your health information
- To ask us to amend you health information
- To ask us for a list of disclosures that have

We reserve the right to change this notice at any time in compliance with and as allowed by law. It is our intent to protect your nonpublic personal information. If you have questions or would like to register a complaint, please contact our office and ask to speak with Dr. Hardy.

Signature below is only an acknowledgement that you have received this Notice of our Privacy Practice.

Print Name: _____ Signature: _____ Date: _____