

Jennifer Koch, DMD, PC
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Summary HIPAA Notice of Privacy Practices

1. We are required by law to maintain the privacy of protected health information.
2. We need your written permission before we can disclose your health information to anyone.
3. Situations where your health information **can** be released:
 - a) To doctors and health care personnel who are involved in your care and need information to provide care to you
 - b) Your dental or health insurance company
 - c) Public health risks
 - d) Law enforcement and subpoenas in civil law
4. Your rights
 - a) To look at or obtain copies of your records. Request in writing with limited exceptions.
 - b) Right to request restrictions. Restrict what, how much, and to whom.
 - c) Right to request confidential communication.
 - d) Right to a copy of privacy practices.
5. Complaints
 - a) You have the right to make complaints to this practice and to the Department of Health and Human Services. If you believe your privacy rights have been violated, no action will be used against you in the event of such a complaint.
6. I have reviewed this summary of the HIPAA privacy practices of Jennifer Koch, DMD, PC and was allowed to review the complete document.

Signed: _____ Date: _____