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**HIPAA NOTICE OF PRIVACY PRACTICES**

This form is required by the patient privacy regulations issued by the United States Department of Health and Human Services and takes effect December 1st 2013 and remains in effect until we replace it. Prior to commencing your orthodontic treatment, you must review, sign and date this form.

Your protected health information may be used in connection with your treatment, payment of your account or health care operations. Your protected health information, including X-rays, study models and photos may be used for education purposes including lectures, presentations and case studies. Protected health information used for educational purposed will be disclosed only to dental professionals.

We will maintain a good faith effort to protect your privacy as stated in our privacy notice, available and posted in our office. You have a right to review our policy before signing this consent and you may request a copy at any time. We reserve the right to change our privacy policies and terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain.

This consent authorizes us to treat the patient, release information as needed to treat the patient and release information to seek payment for treatment. You have the right to request restrictions or revoke use of your protected health information at any time with written request.