

**DEERFIELD DENTAL SERVICES**  
**NOTICE OF PRIVACY PRACTICES**

1. Your Information

2. Your Rights

3. Our Responsibility

---

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.**

**Your rights**

You have the right to:

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

**Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition.
- Provide disaster relief.
- Include you in a hospital directory.
- Market our services and sell your information.
- Raise funds.

**Our Uses and Disclosures**

We may use and share your information as we:

- Treat you.
- Run our organization.
- Bill for your services.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donations requests.
- Work with a medical examiner and funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

**More detailed information on each of these three areas follows.**

