

Tom M. Gardenhire, DDS
Charles V. Ankar, DDS
J. David Lewis, DDS
Dan E. Edwards, DDS
osep . r nce,



6101 Shallowford RD, Ste. 103
Chattanooga, TN 37421
Phone: 423-892-4477
Fax: 423-892-4229

Shallowford Family DENTAL GROUP

PRIVACY POLICY RELEASE

We are committed to maintaining the confidentiality, integrity, and security of personal health information entrusted to us by current and prospective patients. We want you to know how we protect your information and how we use it to better service your needs. Please take a moment to review our privacy policy.

You have a right to know what we do with the personal and confidential information we collect about you in the course of treating your dental health needs and administering the necessary financial and insurance documents for your services. Because we value the integrity of our patient relationships, we want to assure you that we are properly safeguarding this important information.

We need accurate, current health and insurance information about you so that we can determine your coverage and provide dental treatment to meet your specific needs. We collect personal information that you provide to us on a medical history form, personal information form, other forms and in interviews. In addition, we maintain information about your care with us in your chart and on our computer system. We may obtain additional information from third parties such as other health care providers, pharmacies, insurance companies and consumer reporting agencies.

We may share your personal financial and health information on a confidential basis only with authorized employees, representatives and third parties whose services are required to assure the highest level of service to you. We may contact you to provide appointment reminders. We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment. We may contact you with this information about treatment, services, products, or health care providers.

Reasonable care will be taken to keep pertinent records, complete and accurate. If you see any inaccuracy in your statements or in any other communication from us, we would appreciate your assistance in making corrections by contacting us. We will protect all information collected about you and will restrict access to nonpublic personal information by maintaining physical, electronic, and procedural safeguards. We will restrict access to protected data only to individuals who must use it in the performance of their job related duties. Above all, we value your trust and your confidence in our ability to manage and protect your important personal information. If you have any questions or concerns about our privacy policy, please speak to our office manager. Thank you for choosing our office to serve your dental needs. We value you as a patient and appreciate the opportunity to serve you.

Please sign below to inform us that you have read and understand our privacy policy and in order that we may keep a copy in your chart.

Patient/Guardian Signature

Dates

PHOTOGRAPHY RELEASE

I _____, hereby authorize Shallowford Family Dental Group to take photographs, slides, and/or videos of my face, jaws, and teeth.

I understand that the photographs, slides, and/or videos will be used as a record of my care and may be used for educational purposes in lectures, demonstrations, advertising (including website publication, newspapers, magazines, phonebooks, television) and professional publications (dental magazines and journals).

I further understand that if the photographs, slides, and/or videos are used in any publication or as part of a demonstration, my name or other identifying information will be kept confidential. I do not expect compensation, financial or otherwise, for the use of these photographs.

Patient/Guardian Signature

Dates