

Douglas B Hunt DDS PC

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO TELLS HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

Our commitment here at Dr. Douglas B. Hunt's offices is to serve our patients with professionalism and care. Ensuring at all times to protect the privacy and security of all protected health information.

During our course of serving your interests it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where information may be shared.

During Treatment we may find it necessary to consult with a dental laboratory or specialist.

For payment purposes, we may use the services of a billing service.

During dental care, we may need to consult with your physician or previous dentist.

For payment purposes, we may need to supply information requested from your dental insurance company.

We here at Douglas B, Hunt's office are committed to obeying all Federal State and local laws and regulations regarding Privacy Practices. If any other uses of disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. The written authorization may be revoked at anytime by the individual, as provided by law.

If you have any questions or comments regarding your protected health information, feel free to contact our office at 480-325-7639.

Signature of Patient of Responsible Party

Date