

**SUNY ORANGE DEPARTMENT OF DENTAL HYGIENE
NOTICE OF PRIVACY PRACTICES**

The Notice of Privacy Practices is required information for the patients to explain how the SUNY Orange Dental Hygiene Clinic complies with the Health Insurance Portability and Accountability Act (HIPAA). This policy describes how medical information about you may be disclosed and how we must maintain your privacy with the use of this information.

The Notice of Privacy Practices is posted in the reception area, online at www.sunyorange.edu/dentalhygiene and available upon request at the front desk. If you have any questions, please contact the department at 845-341-4880.

The patient or representative for the patient will be asked to sign an acknowledgement indicating they have been provided with this notice.

What Health Information is Protected?

- Medical information
- Treatment information
- Personal identifiers (SS #, phone #, name, address)
- Information that you are a patient at the BCC DH Clinic
- Other types of information that might identify who you are (license plates info on sign in sheet)

How We Will Protect Your Information:

- Only dental hygiene faculty, Supervising Dentists, dental hygiene students, authorized staff, and outside accrediting agencies may have access to your health information.
- All patient records are housed in a secured area and can only be accessed by authorized faculty, staff, or students.

Summary of this Notice:

- We use and disclose your health information for the purpose of treating you at our Clinic.
- You have the right to ask for a written copy of this Notice
- A copy of this notice is available for review and may be found in the Reception Area of the SUNY Orange Dental Hygiene Clinic.
- We must obtain your written authorization to obtain any additional health information in order to treat you such as in the case of medical inquiry to your physician or to release radiographs to your dentist.

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES/CONSENT FOR PROTECTED DISCLOSURE OF
HEALTHCARE INFORMATION**

The SUNY Orange Dental Hygiene Clinic has a detailed document called the SUNY Orange Department of Dental Hygiene Notice of Privacy Practices. It details the policies and procedures protecting my privacy. I understand that I have the right to read the Notice before signing this acknowledgment and consent. I may again review a copy of the Notice in the Dental Hygiene Reception Room and I may ask for a copy of the Notice.

My signature below indicates that I have been given the chance to review the Notice of Privacy Practices and that I agree to allow the SUNY Orange Department of Dental Hygiene and any of its authorized users to use and/or disclose my personal health information in order to perform treatment and to leave me phone messages regarding appointment time scheduling or confirmation.

DATE: _____

Signature of Patient or Legal Representative

Note: an electronic version of this form may be used at the SUNY Orange Dental Hygiene Clinic and is available on the website along with the Notice of Privacy Practices.