SCOTT H. NAGEL, DMD
GENERAL AND COSMETIC DENTISTRY

NOTICE OF PRIVACY PRACTICES

I understand that as part of my health care, this organization creates and maintains health records describing my health history, symptoms, examination, and test results, diagnoses, treatment and any plans for future care of treatment. I understand that this information serves as:

- ☑ A basis for planning my care and treatment;
- ☑ A means of communication among health professionals who contribute to my care;
- ☑ A source of information for applying my diagnosis and clinical information to my bill;
- ☑ A means by which the third party payer (insurance company) can verify that services billed were actually provided;
- ☑ A tool for routine health care operations such as assessing quality and outcomes

I have been provided with a Notice Of Privacy Practices that provides a more complete description of information uses and disclosures.

My protected health information may by disclosed to the following individual(s):

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_____

PATIENT SIGNATURE **DATE**

_____

PRINT NAME