

<u>WALLACE J. BELLAMY, D.M.D</u>	8007 Laguna Blvd. #3 Elk Grove, CA 95758 Phone (916)683-3011 Fax (916)683-4764
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Information Disclosure and Addendum Notice

There have been changes recently to laws governing disclosure and storage of patients' health records and other personal information. The purpose of this notice is to inform you of your rights as a patient, as well as the steps we take to insure your privacy and to whom we disclose your private information.

First, please know that we take your privacy very seriously. We do not disclose your private information for marketing purposes of any kind! In the past, we have provided information to specialists when we referred our patients to them for treatment, such as dates of birth, social security numbers and insurance information. Under the new legal constraints, we would have to obtain your written permission each time that we provided such information. The only time we release your personal billing information's when we submit claims to your insurance carrier. Most insurance companies identify patients by their social security number and date of birth. Revealing your confidential treatment information is essential to getting the claim paid. If you would prefer not to give us your social security number, you are welcome to pay for your visit at the time of service by cash or money order and we will provide you with the computer generated form to bill your insurance company for reimbursement.

I authorize release of personal information to my insurance company(s) and assignment of benefits to Wallace J. Bellamy, D.M.D., dba: Fountain Plaza Family Dental

Signature _____ Print _____ Date _____

If I decide to go to another healthcare provider, and that provider requests a copy of my x-rays/dental records be sent to them, I authorize release of those records.

Signature _____ Print _____ Date: _____

As a patient, you have the right to review your/your child's records during our business hours with reasonable notice. Pursuant to California Health and Safety Code Section 12311(SB 1903), an adult patient may provide a written addendum, up to 250 words per item, to his or her dental record if the patient believes that the records are incomplete or inaccurate. That addendum then becomes part of the patient's record and must be attached and included when the record is disclosed to other parties. If you feel that your privacy has been maintained, or that our privacy procedures are inadequate, you have the right to file a written grievance with Dr. Bellamy.

I understand that I have the right to review and amend my/my Childs dental records, and that I have the right to file a written grievance if my/my Childs privacy is not maintained.

Signature _____ Print _____ Date _____