NICD

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 *Our Privacy Policy*

We collect non-public personal information (NPPI) from you from your personal information sheet for treatment, payment, appointment reminders, and healthcare operations, and do not disclose this information to anyone except as permitted by law or with your written permission. Information may be disclosed to your insurance carrier in order to process insurance claims and pay benefits. We may use your health information to provide and coordinate the treatment and services you receive from other healthcare providers. If there is anyone you do not want to have access to this information, please state at the bottom of the consent.

You have the right to view your records/x-rays on the premises. You may request paper copies to take with you (a minimal copy fee may be assessed) or electronic copies to be emailed. It may take up to 30 days to fulfill your request. All originals will be kept at this office as part of your health record.

We do not share NPPI for marketing purposes. We restrict access to your personal and account information to those who need to know that information, and we have policies and procedures in place to safeguard your NPPI. In the event of a breach, HHS and local law enforcement will be notified as soon as possible after discovery.

Your confidence in us is important and we want you to know that your personal information is safe. If you have any questions, please contact us at 402/392-2880.

*Acknowledgement of Receipt of Privacy Practice Notice*

I have received a copy of NICD’s Notice of Privacy Practices. I agree to the use and disclosure of my health information as discussed.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use:

We attempted to obtain written acknowledgement of receipt of our Privacy Practices, but it could not be obtained because:

\_\_\_ Refused to sign

\_\_\_ Language barrier prohibited obtaining acknowledgement

\_\_\_ Emergency situation prevented acknowledgement

\_\_\_ Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_