

Patient Rights

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photo copies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your health information. You may request access by sending a letter to the address at the end of this notice. If you request copies, we will charge you a reasonable cost based fee that may include labor, copying costs and postage. If you request an alternative format, we will charge a cost based fee for providing your health information. Contact us using the information listed at the end of this notice for more information regarding our fees.

Disclosure Accounting: You have the right to request a list of instances that our business, associates, or we disclosed your health information to over the last 6 years. That list will not include disclosures for treatment, payment, health care operations, as authorized by you, and for certain other activities. If you request this accounting more than once in a 12 month period, we may charge you a reasonable cost based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for more information.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. Your request is not binding unless our agreement is in writing.

Alternative Communications: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request by writing. You must specify in your request the alternative means or location, and provide satisfactory explanation how you will handle payment under the alternative means or location you request.

Amendment: You have the right to request that we amend your health care information. Your request must be in writing and it must explain why we should amend the information. We may deny your request under certain circumstances.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you believe that:

- We may have violated your privacy rights
- We made a decision about access to your health information incorrectly
- Our response to a request you made to amend or restrict the use or disclosure of your health information was incorrect
- We should communicate with you by alternative means or at alternative locations

You may contact us using the information listed below. You also may submit a written complaint to the U.S. Department Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Human Services.

Dentist Contact Office:

Bradley Family Dental

Group Inc. 5600 W.

Brown Deer Rd. Ste. G5

Brown Deer, WI 53223

Phone: (414) 371-2506 Fax: (414) 371-2509