

**NOTICE OF PRIVACY PRACTICES**  
**Dr. Connie A. Miller**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Our commitment here at **Miller Dental** is to serve our customers with professionalism and caring, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interests it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where information may be shared.

- A) Filing of insurance claims
- B) Referring you to a specialist
- C) Providing treatment history to another dental office

We here at **Miller Dental** are committed to obeying all Federal, State, and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.

If you have any questions regarding your Protected Health Information, feel free to contact our Compliance Officer.

By signing below, you consent to the use and disclosure of your protected health information by Dr. Connie A. Miller, our staff, and our business associates for treatment, payment, and health care operations only.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Patient or Legal Guardian)