



Pine Desert Dental Privacy Policy

Privacy Policy

This notice describes how medical information about you may be used and disclosed by Pine Desert Dental, the office of K. Zachary Sunitsch, DMD. Please review carefully.

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Not every possible use or disclosure is listed.

We may use and disclose medical information about you so that the treatment and services you receive from us may be billed, and payment collected from you, and insurance company, or other third party.

To avert a serious threat to public health or safety.

As required by the Food and Drug Administration.

To another healthcare provider, i.e.: a specialist that you may have been referred to by this office, or another dental/medical practice that you have verbally requested records to be forwarded to.

As required by the request of any law enforcement or military official.

To workers compensation or similar programs for processing claims.

In response to a legal proceeding.

You have the right to request, in writing, a restriction or limitation on the medical information we use or disclose about you. We may not (and are not legally required to) agree to your restriction with one exception: If you pay in full (out of pocket) for a service you receive from us, and you request that we not submit the claim for this service to your health insurer or health plan for this reimbursement, we must honor this request. Unless otherwise requested by you, in writing, we may contact you by phone and/or leave messages regarding appointments, treatment, billing, or other health related information. We reserve the right to change this notice at any time. A copy of the full Privacy Policy will be available for viewing in our reception area at all times.

By signing below, I agree, have read and understand the information above, and have had any questions or concerns addressed by Dr. Sunitsch or another staff member.

First name - Patient

Last name - Patient

Signature
