

Sultan Dental Center

Privacy Practices

Our office is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept of our practice. We may, from time to time, amend our privacy policies and practices, but we will inform you of these changes

Protecting your personal health information

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the State of Washington. This includes issues relating to your treatment, payment, and our dental care operations. Your personal health information will never be otherwise given to anyone without your consent. You may give written authorization for us to disclose your information to anyone you choose.

Collecting Protected Health Information

We will only request personal information needed to provide our standard of quality dental care, implement payment activities, conduct normal dental operations, and comply with the law. This may include your: name, address, telephone number(s), social security number, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Your personal information will always be protected to the full extent of the law.

Disclosure of Your Protected Health Information

As stated above, we may disclose information as required by law. We are obligated to provide information to law enforcement and governmental offices under certain circumstances. We will not use your information for marketing purposes without your written consent. We may use and /or disclose your health information to communicated reminders about your appointments through voicemail messages, answering machines and postcards.

Patient Rights

You have a right to request copies of your healthcare information and to request a list of instances in which we have disclosed your protected information for uses other than stated above. All such requests must be in writing. We may charge for your copies in an amount allowed by Washington State law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

We thank you for being a patient in our office. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.

