

ALAN L. PEET, DDS

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DIPLOMATE OF THE AMERICAN BOARD OF ORAL AND MAXILLOFACIAL SURGERY

PRIVACY PRACTICE ACKNOWLEDGEMENT

A record of your health care will be maintained. You may ask to see and copy your record. You may ask to correct your record. Your record will not be disclosed to others unless directed by you or the law authorizes or compels us to do so. The Privacy Officer for Olympic Peninsula Oral Surgery and Dental Implants, Dr Peet/Dr. Turella or Lynda Wilson.

Health information will be used in the following situations:

1. Treatment
 - a. Referral to other providers
 - b. Discussion of your case with peers for treatment purposes
 - c. Discussion of your case with immediate family members for treatment purposes, unless specifically indicated otherwise by you
2. Payment
 - a. Insurance inquires
 - b. Business associates requiring information for insurance transactions
3. Operations
 - a. Disclosure required by law
 - b. Employee duties/office functioning
 - c. Regulatory or professional reviews
 - d. Cases of abuse, neglect, domestic violence

I agree to allow the release of my health care information to those directly involved in my dental/medical care. This information can include biopsy results, laboratory results, treatment, clinical findings, or insurance information and related financial data.

Signature

Date

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