

EASTERN INTERNATIONAL COLLEGE
DENTAL HYGIENE PROGRAM
NOTICE OF PRIVACY PRACTICES

The Dental Hygiene Clinical Facility is required by law to maintain the privacy and confidentiality of your protected health information and to provide our patient/clients with notice of our legal duties and privacy practices with respect to your protected health information.

TREATMENT:

This is an educational institution, and providing appropriate learning experiences for our students must be our primary focus. We may disclose your health care information to other healthcare professionals within our facility for the purpose of treatment, payment or educating our students.

PUBLIC HEALTH:

We are required by law to disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems related to products and/or reactions to medication, and reporting disease or infection exposure.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location.
- You have the right to inspect and copy your health information, and correct and perceived errors.
- You have the right to receive an accounting of disclosures of your protected health information.
- You have the right to request a hard copy of this Notice of Privacy Practices.

Acknowledgement of Receipt of Notice

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of Eastern International College's Dental Hygiene Program Facility's "Notice of Privacy Practices." These practices have been explained to my satisfaction.

Patient Name(print): _____

Patient Signature: _____ Date: _____