

Jade K. Kim DDS PS

HEALTH INFORMATION PRIVACY POLICIES & PROCEDURES

I understand that as part of my healthcare, the office of **Dr. Jade Kim DDS PS** originates and maintains health records describing my health history, symptoms, examination, test results, diagnoses, treatment and any plans for future care or treatment.

I understand that this information serves as a:

- Basis for planning care and treatment
- Means of communication with healthcare professionals who contribute to my care
- Source of information for applying dental information to my bill
- Verification medium to ensure services billed were provided, by third-party payer
- Tool to assess and review routine healthcare operation

I understand I have the right to:

- **Object** to the use of my health information for directory purposes
- **Revoke** this consent in writing
- **Request** restrictions to the disclosure of healthcare information

Notice: *The following email address info@jadekimdds.com is not secured by encryption. Please refrain from including any personal information. If you are concerned about sending information through an unsecure email, please call our office*

I request the following restrictions to the use or disclosure of my healthcare information:

Patient:

Print Name

Signature

Date