



*Family Orthodontics & Cosmetic Dentistry*

Dear Patients,

The privacy of your health information is one of the most important elements in our relationship with you. Our responsibility to maintain the confidentiality of your health information is one that we take very seriously.

We have taken the following steps to protect your privacy. We train our staff members on their responsibility to maintain the confidentiality of your health information and hold them accountable for their actions. We do not sell your information to any organization. Federal legislation concerning patient privacy requires health care providers, health insurance companies and other health-related organizations to support their privacy practices.

Attached with this letter are our *Acknowledge of Receipt Form*, *Privacy Consent Form*, *Updated Financial Agreement*, and *the Notice of Health Information Privacy Practices*. We are pleased to provide this information to our patients and to comply with the privacy regulations of the federal Health Insurance Portability and Accountability Act (HIPAA).

To help us comply with the new law, we ask that you do the following:

- 1.) Complete the *Acknowledge of Receipt Form*, *Privacy Consent Form*, and the *Updated Financial Agreement*.
- 2.) Read and keep the *Notice of Health Information Privacy Practices* on the pages that follow.

Thank you,

Rancho Dental Practice