How will we use your medical/dental information?

In order to make diagnosis and treatment decisions for your child's dental care, the dentist needs background information pertaining to past and present health.

Records are only handled by dentists and the staff, and kept confidential in our facility.

How do we transfer your dental records?

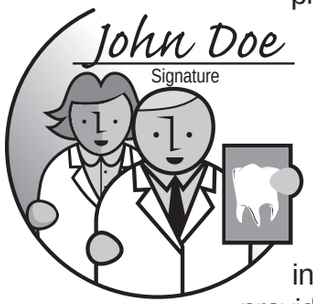
As families move and children grow up, we will transfer records for the new dentist when we receive written authorization from the parent.

Upon receipt a written summary of the treatment history and copies of recent x-rays will be prepared and the original information is retained in our records department.

Please call our office or write to us when this service is needed.

How will we share your medical/dental information?

Most sharing occurs between your physician and the other dentist and our office when the dental problem relates to them. Often patients come to us with information provided by the other office. We provide a report of the results to them as you indicate to us to do so.



Other parties with whom it may be shared:

To An Insurance Company Office
If you want us to bill your dental insurance, there is a standard format that requires personal information (Social Security numbers, birthdates, addresses, employer information) and patient treatment information (codes and prices for the procedures) for the dental visit on a given date. The computer program we use to send data has met the industry standards for HIPPA.

If you do not wish to disclose this personal data to us, then please pay at time of service with cash, check or credit card. All check and credit card transaction data is secured.

To A School
In the state of Illinois, school health reports need dental summaries at kindergarten, fifth grade and ninth grade. When you request the form, we complete it.

To Government Agencies
A dental record has value in the identification of missing persons and in child abuse investigation. If requested for law enforcement purposes, dentists are to provide these. For patients who are wards of the state or foster children, we use the protocol established by the Illinois Department of Child and Family Services.

If You Have a Questions, Please Ask Us and We Can Explain

HIPPA Policies Acceptance

Please complete the following information, detach this form and return it to a staff member.

Child/Children's Names

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Yes, I have read and understand all of Dr. Lambert's HIPPA Policies and I accept them as a part of the dental treatment of my child/children.

_____

Signature of Parent or Guardian *Today's Date*