

Doctor Michael Mamaliger
HIPAA NOTICE OF PRIVACY PRACTICES
("Notice")

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Dental Practice Covered By This Notice

This notice describes the privacy practices of Doctor Michael Mamaliger's dental practice. "We" and "our" means the dental practice. "You" and "your" means our patient.

How To Contact Us/ Our Privacy Official

If you have any questions or would like further information about this notice, you can either write or call the privacy official for our dental practice:

Dental Practice Name:	Encino Dental Group Inc.
Privacy Official for Our Dental Practice:	Dr. Michael Mamaliger
Dental Practice mailing address:	17777 Ventura Blvd. Ste #210 Encino, CA 91316
Dental Practice phone number:	(818) 438-3838

Information Covered By This Notice

This notice applies to health information about you that we create or receive and that identifies you. This notice tells you about the ways we may use and disclose your health information. It also describes your rights and certain obligations we have with respect to your health information. We are required by law to:

- Maintain the privacy of your health information;
- Give you this notice of our legal duties and privacy practices with respect to that information; and
- Abide by the terms of our notice that is currently in effect.

Our Use and Disclose of Your Health Information Without Your Written Authorization

Common reasons for our use and disclosure of patient health information:

TREATMENT: We will use your health information to provide you with dental treatments or services, such as cleaning or examining your teeth or performing dental procedures. We may disclose health information about you to dental specialists, physicians, or other health care professionals involved in your care.

PAYMENT: We may use and disclose your health information to obtain payment from health plans and insurers for the care that we provide you.

Patient/ Guardian Signature

Date