ADDENDUM TO NOTICE OF PRIVACY PRACTICES

This addendum to the Notice of Privacy Practices sets forth additional privacy requirements. Please review it carefully. The privacy of your Health Information is important to us.

USES AND DISCLOSURES OF HEALTH INFORMATION

Healthcare Operations: We must have your written permission before we disclose your health information in connection with healthcare operations other than the management of our medical/dental records, including Electronic Transmissions, and certain auditing review activities by staff committees and review organizations.

To Your Family and Friends and Persons Involved in Your care: We must have your written permission before we may disclose your health information, other than limited identifying information, to your family, friends, or other persons involved in your care.

Contact Officer: HIPAA Privacy Officer	**LARRY HANUS, D.D.S.,**
	IowaMercuryFreeDentistry.com
Telephone:	**(319) 512-5655**
Address:	**2401 Towncrest Lane**
	Iowa City, IA 52240

Additional Consent for Discussion with Family/Friends

I, _____give my consent for Larry Hanus, D.D.S., or his staff to discuss with my (spouse/parent/or other)_____.
This includes any correspondence over the phone regarding appointments.

Signed:_____Date:_____

Consent to Leave Phone Messages

I, _____give my consent for Larry Hanus, D.D.S., or his staff, to leave phone messages regarding future appointments at any phone number I have given Larry Hanus, D.D.S. I understand that these confirmation calls are an important reminder of my appointments and the information contained in these messages will be brief (generally containing only the date, time, and length of appointment time unless other critical elements need to be communicated).

If consent is not given we cannot leave confirmation notices. This could result in charges for failed appointments.

Signed:_____Date:_____

Copy Taken:_____ Copy Declined:_____