ADDENDUM TO NOTICE OF PRIVACY PRACTICES

Please review it carefully. The privacy of your Health Information is important to us.	
USES AND DISCLOSURES OF HEALTH INFO	PRMATION
health information in connection with he	our written permission before we disclose your althcare operations other than the management of ctronic Transmissions, and certain auditing review
activities by staff committees and review	organizations.
•	nvolved in Your care: We must have your written health information, other than limited identifying
information, to your family, friends, or ot	
Contact Officer: HIPAA Privacy Officer	LARRY HANUS, D.D.S.,
•	lowaMercuryFreeDentistry.com
Telephone:	(319) 512-5655
Address:	2401 Towncrest Lane
	lowa City, IA 52240
Additional Consent fo	or Discussion with Family/Friends
I,	give my consent for Larry Hanus, D.D.S., or his staff t
discuss with my (spouse/parent/or other	•)
I,g discuss with my (spouse/parent/or other This includes any correspondence over th	•)
discuss with my (spouse/parent/or other This includes any correspondence over the	•)
discuss with my (spouse/parent/or other This includes any correspondence over the Signed:	ne phone regarding appointments.
discuss with my (spouse/parent/or other This includes any correspondence over th Signed: Consent to	Date: Leave Phone Messages
discuss with my (spouse/parent/or other This includes any correspondence over the Signed: Consent to L, to leave phone messages regarding future Larry Hanus, D.D.S. I understand that the my appointments and the information co	Date:
discuss with my (spouse/parent/or other This includes any correspondence over the Signed: Consent to Consent to Louiside Larry Hanus, D.D.S. I understand that the my appointments and the information containing only the date, time, and lengt need to be communicated).	Date:
discuss with my (spouse/parent/or other This includes any correspondence over the Signed: Consent to Consent to L, to leave phone messages regarding future Larry Hanus, D.D.S. I understand that the my appointments and the information containing only the date, time, and length need to be communicated).	Date: Date: Date: Leave Phone Messages give my consent for Larry Hanus, D.D.S., or his staffer appointments at any phone number I have given ese confirmation calls are an important reminder of contained in these messages will be brief (generally
Consent to I, to leave phone messages regarding futur Larry Hanus, D.D.S. I understand that the my appointments and the information co containing only the date, time, and lengt need to be communicated).	Date:
discuss with my (spouse/parent/or other This includes any correspondence over the Signed: Consent to Consent to L, to leave phone messages regarding future Larry Hanus, D.D.S. I understand that the my appointments and the information containing only the date, time, and length need to be communicated). If consent is not given we cannot leave containing the same of the containing only the date, time, and length need to be communicated).	Date: Date: Leave Phone Messages give my consent for Larry Hanus, D.D.S., or his staff re appointments at any phone number I have given rese confirmation calls are an important reminder of contained in these messages will be brief (generally the of appointment time unless other critical element infirmation notices. This could result in charges for