

**Orthodontic office of  
Dr. Daniel M. Sarya, DDS, MPH, PC  
403 East State Street, Suite 200  
Traverse City MI, 49686  
(231) 947-7250**

Privacy policy as it relates to you, our patient:

Our office has a privacy policy that indicates all patient information obtained in patient records is protected and will not be shared with any entity without the patient's permission. The exception to this rule is in processing insurance claims and working to coordinate treatment with another medical entity. While we are trying to help our patients in processing insurance, we will need to provide certain information to the insurance company (or its affiliates) in order to accurately process insurance claims. We may also need to share information with other medical entities in order to properly coordinate treatment plans. The entities with which we share information have indicated to us that they are also in full compliance of patient confidentiality laws and they, too, will not share any information provided to them.

No patient information will be sold, or distributed, to any other entity of any type without express permission from the patient, including transferring of materials from one orthodontic office to another or transferring of materials from our office to any other dental/medical related facility, unless it is necessary to provide this information in order to treat the patient for immediate dental/medical emergencies.

Any information provided to our office is obtained in full confidentiality and will remain protected as long as we are the "keeper" of those records. Public access is not acceptable or allowed.

Patients are able to obtain copies of data entered into their patient information provided they give reasonable notice to our office. Our office will provide material requested to an authorized person within 2 weeks after receiving the request for those materials from such an authorized person.

By signing this document you acknowledge that you have read and understand our privacy policy. This policy shall remain in force without further notice. Any change made to our privacy policy will be provided to you for acknowledgement.

Any questions relating to our privacy policy may be directed to our HIPPA coordinator, Tammy Liss, by calling (231) 947-7250.

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
Patient signature or legal guardian if patient  
is a minor

Date:\_\_\_\_\_

\_\_\_\_\_  
Printed name of signature above