

# Notice of Privacy Practices

Effective Date: October 2024  
The Teeth Boutique PLLC  
1933 W Irving Park Road, Suite 1  
Chicago, IL 60613  
(O): 773-857-2290  
(O): 773-857-2280  
(F): 773-857-2260  
(E): TheTeethBoutique1933@Gmail.Com

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## Your Rights:

You have the right to:

- A copy of your dental and medical records
- Request correction(s) to your records
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act on your behalf
- Question and, if necessary, file a complaint if you believe your privacy rights have been violated

## Your Choices:

You have some choices in the way we use and share information. For example:

- Sharing information with your family, close friends, or others involved in your care.
- Marketing purposes or fundraising efforts.
- Sharing information in disaster relief situations.

## Our Uses and Disclosures:

We may use and share your information for:

- Treatment: Providing, coordinating, or managing your dental care and related services.
- Payment: Billing and receiving payment from you, your insurance, or third parties.
- Healthcare Operations: Running our practice, improving care, and contacting you when necessary.

Other uses may include:

- Public health and safety.
- Research (only with your explicit consent when applicable).
- Complying with law enforcement requests.
- Business associates who assist us with our services.
- Responding to legal actions like court orders.

#### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will notify you promptly if a breach occurs that may compromise the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may revoke this consent at any time.

#### Changes to This Notice

We reserve the right to change this notice and the terms within it. Any changes will apply to all the information we have about you. The new notice will be available in our office and on our website, and we will notify you of any significant changes.

#### Complaints

If you believe your privacy rights have been violated, you can file a complaint with:

- The Teeth Boutique at 773-857-2290
- U.S. Department of Health and Human Services:  
Office for Civil Rights  
200 Independence Avenue, SW  
Washington, D.C. 20201  
<https://www.hhs.gov/ocr>  
Phone: 1-800-368-1019

We will not retaliate against you for filing a complaint.

If you have questions about this notice, please contact:

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# Acknowledgement of Receipt of Notice of Privacy Practices

\* You May Refuse to Sign This Acknowledgment\*

**I have received a copy of this office's Notice of Privacy Practices.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## For Office Use Only

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Staff Review: \_\_\_\_\_

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

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify) \_\_\_\_\_

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