

**PRIVACY POLICY FOR THE OFFICE OF RIVERDALE DENTAL ASSOCIATES  
(COMMUNITY DENTAL PRACTICES, LLC)**

Riverdale Dental Associates values you as a patient and respects your privacy. We want you to understand what information about you we collect, how we use it, who we share it with and how we protect it. It is our policy not to disclose any patient medical information to anyone other than your insurance company, your primary physician, and any other health care professional involved in your care.

**COLLECTION OF INFORMATION**

We collect and retain all medical information necessary for us to provide you with the best medical care. In this process, we may collect other physicians records, radiology films and reports, and other information required from your past medical/dental history.

**SHARING OF INFORMATION**

We may share information with other physicians that may be involved in your care and insurance companies for billing purposes. Family members or other people that you deem necessary to be involved in your care should be identified below:

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**PROTECTING PATIENT CONFIDENTIALITY**

Riverdale Dental Associates understands the importance of protecting our patients' medical/dental information. We limit access to your medical information to only those who need to know the information to provide you and your account with the best possible care. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guarantee your nonpublic medical/dental information. You may request a copy of this form.

\_\_\_\_\_  
**(Patient signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_ Yes \_\_\_ No - Riverdale Dental Associates may leave a message on any of my designated phone numbers regarding future dental appointments.