

**JONATHAN G. FOSHAY, DMD, PC**

1021 Juniper St. Junction City, OR 97448  
541-998-6252 or 541-998-2328

**Notice of Privacy Practices**

**Legal Duty:** We are required by law to maintain the privacy of your health information. We are required to give you a copy of the privacy practice notice. This notice takes effect on November 1, 2012 and will remain in effect until we replace it.

**Uses and Disclosures of Health Information:** We may use and disclose health information for the following: Treatment, Payment and Healthcare Operations. You may give us written authorization to use your health information for any other uses other than those listed above. **We may disclose health information to family, friends, or care givers.** This may be done to help with patient health care, locate a patient or collect payment for health care. This will only be done if we have permission. If you do not give us permission, the information may only be given if in an emergency.

**We will not use your health care information for marketing communications, unless given written consent.**

**Patient Rights:** You have access to look at or get copies of your health information with limited exceptions. If you request copies of your records, there may be a reasonable fee to help cover material and staff time involved.

You have the right to request that we amend your health care information. Your request must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

**Questions and Complaints:** If you have any questions or complaints regarding our privacy practices, please contact the person(s) listed below or you may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address upon request.

**Contact:**

**Jonathan Foshay**  
1021 Juniper Street  
Junction City, OR 97448  
541-998-2328 or 541-998-6252  
E-Mail: [TOOTHDOCTORS@MSN.COM](mailto:TOOTHDOCTORS@MSN.COM)

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

Patient Signature or Guardian of Minor: \_\_\_\_\_ Date: \_\_\_\_\_