Privacy Statement -

The offices of Dr. Steven Haywood insure the privacy of all your healthcare information. We take special precautions to guard your records and the information you give to us in all forms with the utmost in care and professionalism.

The government mandates that we inform you of your rights when it comes to the protection of your privacy. In our offices, we have always strived to provide our care in the most ethical manner allowing our convictions and principles to be our guide. You should be aware of the following protocols in our office:

Your conversations with our staff will be conducted with all reasonable efforts to insure that personal information is as private as you, the client, want it to be.

Your medical records will be in our treatment rooms only when they are being used for your direct care in our office. No one has the right to see or review your records unless specifically authorized by you.

Your dental insurance will be transmitted by mail and not by electronic means. The office will give a completed claim form to you at the end of your appointment. Please check it for any errors than mail to your insurance company. In this way, we are in compliance with the HIPPA privacy act recently invoked and your privacy is protected.

Any records released from this office must be preceded by a written authorization from you. Records transferred to consulting doctors will be upon your authorization either verbal or written.

Any personal information collected by our offices will be kept in secure areas and under lock and key if transferred to either of our offices.

Your electronic records are always in the possession of Dr. Haywood and are never transferred over the Internet or by modem on non-secure pathways.

You have the right to privacy in your financial dealings with this office and we will strive to arrange your payments in the treatment rooms or in one of our several private offices for your convenience. In the same spirit, we will arrange your next appointment primarily in our treatment rooms or private offices.

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| Thank you for b | oeing our loya | al client. Se | erving you is | s the reason | we are here. | Thank you! |

| Please sign, acknowledging our commitment to yo | ou: | |
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| | | |
| | Date: | |