



SaddlebackDentistry & Orthodontics

Experience South County's preferred choice
for quality, affordable dentistry

You have the right to transfer copies of your health information to another practice.

There will be an administrative fee of \$25.00 for a copy of your file and \$25.00 x-ray print / email fee. This request must be made in writing and payment for these services must be received prior to the transfer of the copies.

I agree to the following written communications:

_____ Correspondence to my home address

_____ E-mail address: _____

_____ Text messages: _____

_____ Fax: _____

You have the right to request an amendment or change to your health information. If we make amendments or changes at your request, we will not remove or alter earlier documents, but will add the new information.

You have the right to receive a copy of this notice.

If we change any of the details of this notice we will notify you of the changes in writing.

Patient Signature

Date of Birth

Print name

Date

You may file a complaint with the Department of Health and Human Services:
200 Independence Avenue S.W., Room 509F
Washington, DC 20201.

You will not be retaliated against for filing a complaint. However, before filing a complaint, for more information or assistance regarding your health information privacy, please contact our Office Manager at 949-455-1400 or visit www.saddlebackdentistry.com