



# Borden Family Dentistry

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## Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed.  
Please review it carefully.**

Our commitment here at Borden Family Dentistry is to serve our customers with professionalism and care, being sure at all times to protect the privacy and security of all Protected Health Information.

During the course of serving your interests it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples of instances where the information may be shared:

- During treatment, we may find it necessary to acquire a laboratory analysis.
- For payment purposes, we may use the services of a billing service.
- When referring to a specialist for treatment/ consultation.

We here at Borden Family Dentistry are committed to obeying all Federal, State, and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures that the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual reliance upon the authorization. If you want to revoke your authorization, send us a written note telling us that your authorization is revoked.

I have read and understand the above Notice of Privacy Practices.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_