

**Ronald P. Dapice, D.D.S.**

**Family Dentistry**

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Here at Dr. Dapices Family & Cosmetic Dentistry we take precautions to ensure that your personal and dental information is kept private and secure. The following is to inform you of are office policies concerning your information.

1. We will not disclose your Protected Health Information (PHI) to anyone without your written permission.
2. We will disclose your PHI without your permission only in a medical emergency or by law. You will be notified in writing of who and where this PHI was disclosed.
3. You will be notified of any changes to our Privacy Policies.
4. Privacy training has been provided to our entire office staff. This training is updated on a regular basis.
5. Penalties/sanctions are in place for employees who violate this office privacy policy.
6. The privacy official for this office is Dr. Ronald Dapice

I have read and fully understand the above office policies concerning and discussing of the PHI.

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

Patient Signature: \_\_\_\_\_

(If Under 18, Parent or Guardian Signature Required)