

NOTICE OF PRIVACY PRACTICES
The Center for Dental Health
G. Lee Ostler, Jr., D.D.S.

Acknowledgement

We keep a record of the health care services we provide you. You may ask to see and have a copy of that record. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels us to do so.. You may see your records or get more information by contacting Linda Van Loh, Privacy Officer for The Center for Dental Health and Dr. G. Lee Ostler, Jr.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used an disclosed and how you can access your information.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

_____	_____
Patient or Legally Authorized Signature	Date
_____	_____
Printed Name if Signed on Behalf of the Patient	Date

G. LEE OSTLER, JR., D.D.S., P.S.
1518 Jadwin Avenue
Richland, WA 99354
(509) 946-6566 FAX (509) 946-0544

This is written notice to inform you that Glenn Lee Ostler, Jr., DDS, PS is excluded from participation in the Medicare Program under Sections 1128, 1156 or 1892 of the Social Security Act. The expected 'opt out' period is September 26, 2005 and the expected expiration date is September 26, 2011. By signing this contract, I accept full responsibility for payment of all charges for all services furnished.

I understand that Medigap plans do not, and that other supplemental insurance plans may elect not, to make payment for items and services not covered by Medicare.

I acknowledge that Medicare limits do not apply to what Glenn Lee Ostler, Jr., DDS, PS may charge for items or services furnished.

I acknowledge that I have the right to obtain Medicare-covered items and services from physicians and practitioners who have not "opted out" of Medicare and that I am not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have "opted out".

I understand that Medicare payment will not be made for any items or services furnished by Glenn Lee Ostler, Jr., DDS that would otherwise have been covered by Medicare if there was not a private contract and a proper Medicare claim had been submitted.

Signature of Patient or Patient's Legal Representative

Date

Signature of Doctor

Date