

PRIVACY NOTICE

Our Privacy Promise to You

Dr. John Koot's office provides this notice to you to explain how we may collect information about you (and your member or employees) and what we will do with the personal information, financial information and health information (collectively referred to as the "protected information") that we may receive directly from you, your healthcare provider or any other source in the normal course of health care operations. Dr. John Koot's office is concerned about protecting the privacy of our customers and will use our best efforts to safeguard your protected information.

What types of information will we be collecting?

Dr. John Koot's office collects information from you as required for our business and pursuant to regulatory requirement. Without it, we cannot provide our services for your organization. We collect protected information, including but not limited to, from:

- Claims and Explanation of Benefit Form, such as name, address, and Social Security Number
- Your transactions with us or with other affiliated business partners, such as medical and demographic information.

What will we do with your protected information?

The information Dr. John Koot's office gathers is used only to carry out our duties in complying with our contract with you to assist in health care operations. It is our policy not to disclose any protected information about our customers or former customers or their customers to anyone except as necessary in the normal course of our business. Dr. John Koot's office does not sell protected information to third parties nor do we sell or share customer lists.

Confidentiality and Security

At Dr. John Koot's office, we are committed to the confidentiality and security of your protected information. We restrict access to the protected information to those employees or agents who need to know that information to provide you with our services or otherwise conduct business. We maintain physical, electronic, and procedural safeguards that comply with the federal and state regulations to safeguard all of your protected information.

I, _____, have read and understood the office's
privacy policy.

Signature: _____

Signature of parent or guardian: _____

Date: _____