



# EXCELLENCE IN ORAL HEALTH CARE

## *NEW PATIENT INFORMATION*



The University of Alabama at Birmingham



## WELCOME TO UAB DENTISTRY!

Thank you for choosing UAB Dentistry for your oral health needs. We are dedicated to providing state of the art, comprehensive, and **patient-centered care** in a friendly and professional environment.

Our patient-centered care approach means that you, the patient, are a key member of the oral health care team and you are personally involved in planning your care. After receiving a thorough exam, you will be presented with the viable options for care including the risks, benefits, estimated costs and approximate duration of your active treatment. A treatment plan agreed upon by you and your providers will be discussed with you. Throughout treatment, you, the patient, will be given the information necessary to make informed decisions about your care.

Our goal at UAB Dentistry is to provide you with the best experience in oral health care. For any concerns regarding your visit at our facility, please contact our Patient Relations Office at 205-934-3077. Your satisfaction with your care is of great importance to us.



## SERVICES WE OFFER

Advanced General Dentistry	(205) 934-2552
Comprehensive Care	(205) 934-2700
Endodontics (root canals)	(205) 934-4122
Limited (Urgent) Care	(205) 934-4532
Maxillofacial Prosthodontics (acquired, congenital, and traumatic intraoral and extraoral defects)	(205) 934-3356
Oral & Maxillofacial Surgery (extractions, implants)	(205) 934-4507
Orthodontics (braces)	(205) 934-4536
Pediatric Dentistry (infant to 18 years)	(205) 934-4546
Periodontology (gum disease, implants)	(205) 934-4551
Prosthodontics (crowns and bridges, dentures)	(205) 934-4540

## HOURS OF OPERATION

8:00 a.m. to 5:00 p.m. Monday through Friday

(Closed on weekends, University holidays, and special school events. For information on closures, visit our website at [www.dental.uab.edu](http://www.dental.uab.edu))

## BECOMING A PATIENT

Treatment at UAB Dentistry is rendered by students and residents under the supervision of faculty members. Only patients whose dental problems match our clinical teaching programs and who have the necessary time for treatment are accepted. A treatment planning visit is necessary to determine if your dental care can be managed by our clinical programs. Please contact 205-934-2700 to schedule a treatment planning appointment.

## APPOINTMENT LENGTH

In general, dental care in the pre-doctoral student clinics will require longer appointments than in a private dental office. Most appointments in the pre-doctoral student clinics take three hours and are generally scheduled at 8:45 a.m. for the morning clinic and 1:45 p.m. for the afternoon clinic Monday through Friday.

## PAYMENT POLICIES

- **Payment at the Time of Service:** Payment is expected at the time of service.
- **Payment Methods:** cash, check or credit card (Discover, MasterCard and Visa)
- **Dental Insurance:**
  - In-Network Insurance:** UAB Dentistry clinical enterprise is an in-network provider for Blue Cross Blue Shield of Alabama and MetLife dental insurance plans. Patients are responsible for their co-pay at the time of service and for any remaining balance not covered by their insurance plan.
  - Medicaid:** Medicaid is accepted for qualified patients younger than twenty-one.

**Out-of-Network Insurance:** Patients who maintain dental insurance with companies other than Blue Cross Blue Shield of Alabama and MetLife will be required to pay the entire amount at the time of service. The School of Dentistry will file a claim to your insurance company for possible reimbursement to the patient.

## CHILDREN ACCOMPANYING PATIENTS

Both patients and their providers must focus solely on the services being provided in order to assure the best quality of care. Therefore, when not the patient, children are not permitted to come into the clinical treatment areas. Adult patients must have someone else with their children (under the age of 14 years) in the waiting area. If children are left unattended, the adult’s dental appointment will be cancelled and rescheduled.

## DENTAL EMERGENCY CARE

### During Business Hours (8:00 a.m. – 5:00 p.m.):

- **New Patients:** Dental emergency care is available to new patients during normal business hours through the School’s Limited Care Clinic located on the 1<sup>st</sup> floor. Patients are seen on a first-come-first-serve basis. The registration hours are 8:00 a.m. – 10:30 a.m. for the morning clinic and 1:00 p.m.- 2:30 p.m. for the afternoon clinic. Payment is required at the time of service. The Limited Care Clinic’s phone number is (205) 934-4532.
- **Existing Patients (*patients of record*):** Existing patients who experience a dental emergency during normal business should contact the clinic in which they were treated. Below is a list of UAB Dentistry’s Clinics with their respective phone numbers.

Clinic	Location	Phone #
Advanced General Dentistry Clinic	Basement: UAB Hospital	(205) 934-2552
BioHorizons Clinic	6 <sup>th</sup> Floor	(205) 996-5747
Comprehensive Care Clinic	2 <sup>nd</sup> Floor	(205) 934-2700
Endodontic Clinic	5 <sup>th</sup> Floor	(205) 934-4122
Graduate Prosthodontic Clinic	4 <sup>th</sup> Floor	(205) 934-4540
Limited Care Clinic	1 <sup>st</sup> Floor	(205) 934-4532
Maxillofacial Prosthodontic Clinic	4 <sup>th</sup> Floor	(205) 934-3356
Oral & Maxillofacial Surgery Clinic	4 <sup>th</sup> Floor	(205) 934-4507
Orthodontic Clinic	3 <sup>rd</sup> Floor	(205) 934-4536
Pediatric Dentistry Clinic	3 <sup>rd</sup> Floor	(205) 934-4546
Periodontology Clinic	4 <sup>th</sup> Floor	(205) 934-4551

### After-Hours Care:

- After-Hours Care is provided for existing patients (patients of record) only. Existing patients with a dental emergency after-hours should contact the UAB Call Center at (205) 934-3411 and ask for the operator to page/contact the resident on-call listed below for the clinic in which they were treated. The contact information for each patient care clinic is listed below. Pediatric Dentistry patients should contact Children’s Hospital Call Center at (205) 683-9100 and ask for the Pediatric Dentistry Resident to be paged.

Clinic	Staffing On-Call	Phone #	Pager #
Advanced General Dentistry Clinic	Hospital Dentistry Resident	(205) 934-3411	#3245
BioHorizons Clinic	Hospital Dentistry Resident	(205) 934-3411	#3245
Comprehensive Care Clinic	Hospital Dentistry Resident	(205) 934-3411	#3245
Endodontic Clinic	Endodontic Resident	(205) 934-3411	#9002

Graduate Prosthodontic Clinic	Hospital Dentistry Resident	(205) 934-3411	#3245
Limited Care Clinic	Hospital Dentistry Resident	(205) 934-3411	#3245
Maxillofacial Prosthodontic Clinic	Hospital Dentistry Resident	(205) 934-3411	#3245
Oral & Maxillofacial Surgery Clinic	Oral Surgery Resident	(205) 934-3411	Ask for the Oral Surgery Resident on-call.
Orthodontic Clinic	Hospital Dentistry Resident	(205) 934-3411	#3245
Pediatric Dentistry Clinic	Children's Hospital: Pediatric Dentistry Resident	(205) 638-9100	Ask for the Pediatric Dentistry Resident on-call.
Periodontology Clinic	Periodontology Resident	(205) 934-3411	#6335

## **PATIENT RIGHTS AND RESPONSIBILITIES**

UAB Dentistry is committed to providing patient-centered care. This approach means that we provide appropriate oral health care that is respectful and responsive to individual patient's needs, values and preferences which assists in guiding our clinical decisions for each patient. The school views each patient as a key member of the oral health care team who is personally involved in planning their care.

The School wants to encourage you, as our patient, to communicate openly with your health care team, participate in your treatment choices, and promote your own safety by being well informed and actively involved in your care. Because we want you to think of yourself as a partner in your care, we want you to understand your rights as well as your responsibilities.

### **Patient Rights**

All UAB Dentistry patients have the right:

- To receive considerate, respectful, and compassionate care.
- To receive reasonable continuity and completion of care.
- To receive an explanation of the benefits of recommended treatment versus alternative treatments, the option to refuse treatment, the risks of receiving no treatment and the expected outcomes.
- To advance knowledge of the cost of treatment.
- To receive information necessary to give an informed consent prior to the start of any procedure or treatment.
- To treatment that meets the established standards of care for the dental profession.
- To access complete and current information about your care.
- To privacy and confidentiality of all information and records regarding your care, unless disclosure is allowed by law.
- To voice your concerns about the care you receive. If you have a problem, you may talk with your health care team to resolve the problem. If unresolved, you may contact Patient Relations by calling (205) 934-3077.



## **Patient Responsibilities**

All UAB Dentistry patients are expected to:

- Provide complete and accurate information, including your full name, address, telephone number, date of birth, and insurance carrier.
- Provide accurate information about your dental and medical history.
- Provide detailed and timely information regarding any changes in your health condition.
- Be considerate and respectful of visitors, other patients, faculty, students, residents, and staff members and abide by all UAB rules and safety regulations.
- Ask questions when you do not understand information or instructions about your dental care and cooperate with your health care team.
- Fulfill financial obligations for care and services.
- Keep appointments, be on time for appointments, and to call your health care provider in a timely manner if you cannot keep your appointments.

## **NOTICE OF HEALTH INFORMATION PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**WHO WILL FOLLOW THIS NOTICE.** This notice describes the health information practices of the UAB School of Dentistry/UAB Dentistry clinical enterprise. All entities, sites and locations of the UAB School of Dentistry follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operations purposes described in this notice.

### **OUR PLEDGE REGARDING MEDICAL AND DENTAL INFORMATION.**

We understand that medical and dental information about you and your health is personal. We are committed to protecting medical and dental information about you. We create a record of the care and services you receive at the UAB School of Dentistry. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the UAB School of Dentistry, whether made by clinic/hospital personnel, your personal doctor, and/or dentist. This notice will tell you about the ways in which we may use and disclose medical and dental information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical and dental information. We are required by law to:

- make sure that medical and dental information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical and dental information about you;
- notify you in the case of a breach of your identifiable medical and dental information; and
- follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL AND DENTAL INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose medical and dental information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment and Treatment Alternatives.** We may use medical and dental information about you to provide you with medical and dental treatment or services. We may disclose medical and dental

information about you to doctors, dentists, nurses, technicians, medical and dental residents or students, or other UAB School of Dentistry personnel or people outside our facility who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the UAB School of Dentistry also may share medical and dental information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical and dental information about you to people outside the UAB School of Dentistry who may be involved in your medical and dental care after you leave, such as your local physician, dentist, family members, clergy or others we use to provide services that are part of your care. We may use and disclose your medical and dental information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **For Payment.** We may use and disclose medical and dental information about you so that the treatment and services you receive through the UAB School of Dentistry may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the UAB School of Dentistry so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Routine Health Care Operations.** We may use and disclose medical and dental information about you for the UAB School of Dentistry routine operations. These uses and disclosures are necessary to run the UAB School of Dentistry and make sure that all of our patients receive quality care. For example, we may use medical and dental information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical and dental information about many UAB School of Dentistry patients to decide what additional services the UAB School of Dentistry should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, dentists, nurses, technicians, medical and dental residents and students, and the UAB School of Dentistry personnel for review and learning purposes. We may also combine the medical and dental information we have with medical and dental information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical and dental information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical and dental information about you to a friend or family member who is involved in your medical and dental care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical and dental information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Appointment Reminders and Health-Related Benefits and Services** We may use and disclose medical and dental information to contact you as a reminder that you have an appointment for treatment or dental care at the UAB School of Dentistry. We may use and disclose medical and dental information to tell you about health-related benefits or services that may be of interest to you.
- **Research.** Under certain circumstances, we may use and disclose medical and dental information about you to researchers when their clinical research study has been approved by UAB's or the facility's Institutional Review Board. Some clinical research studies require specific patient consent, while others do not require patient authorization. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. This would be done through a retrospective record review with no patient contact. The

Institutional Review Board reviews the research proposal to make certain that the proposal has established protocols to protect the privacy of your health information.

- **Fundraising Activities.** We may use medical and dental information about you to contact you in an effort to raise money for the UAB School of Dentistry. We may disclose medical and dental information to a foundation related to the UAB School of Dentistry so that the foundation may contact you in raising money for the UAB School of Dentistry. For example, we may use or disclose the following information to contact you for fundraising purposes: your name, address and phone number, the physicians and dentists who furnished the services, and the location and dates you received treatment or services at the UAB School of Dentistry. If you do not want the UAB School of Dentistry to contact you for fundraising efforts, you have the right to opt out of fundraising communications, as described in every fundraising communication.
- **Certain Marketing Activities.** The UAB School of Dentistry may use medical and dental information about you to forward promotional gifts of nominal value, to communicate with you about services offered by the UAB School of Dentistry, to communicate with you about case management and care coordination and to communicate with you about treatment alternatives. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.
- **The UAB School of Dentistry Directory.** We may include certain limited information about you in the UAB School of Dentistry directories while you are a patient at the UAB School of Dentistry, unless you request otherwise. This information may include your name, location in the UAB School of Dentistry, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. This information and your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you and generally know how you are doing.
- **Business Associates.** There are some services provided in the UAB School of Dentistry through contracts with business associates. Examples include a copy service we use when making copies of your health record, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **As Required By Law.** We will disclose medical and dental information about you when required to do so by federal, state or local law.
- **Public Health Activities.** We may disclose medical and dental information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required to report the existence of a communicable disease, such as tuberculosis, to the Alabama Department of Public Health to protect the health and well-being of the general public. We may disclose medical information about you to individuals exposed to a communicable disease or otherwise at risk for spreading the disease. We may disclose medical and dental information to an employer if the employer requires the healthcare services to determine whether you suffered a work-related injury.
- **Food and Drug Administration (FDA).** We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Victims of Abuse, Neglect or Domestic Violence.** We are required to report child, elder, and domestic abuse or neglect to the State of Alabama.
- **Health Oversight Activities.** We may disclose medical and dental information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations,



inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical and dental information about you in response to a court or administrative order. We may also disclose medical and dental information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may disclose medical and dental information for judicial or administrative proceedings, as required by law.
- **Law Enforcement.** We may release medical and dental information for law enforcement purposes as required by law, in response to a valid subpoena, for identification and location of fugitives, witnesses or missing persons, for suspected victims of crime, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical and dental information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical and dental information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **Organ and Tissue Donation.** If you are an organ donor, we may use or release medical and dental information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organ, eye or tissue to facilitate organ or tissue donation and transplantation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical and dental information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical and dental information about you as required by military command authorities. We may also release medical and dental information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may release medical and dental information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical and dental information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Workers' Compensation.** We may release medical and dental information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical and dental information about you to the correctional institution or law enforcement official.
- **Other uses and disclosures.** We will obtain your authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. Any uses and disclosures not described in this Notice will be made only with your written authorization.

## **YOUR RIGHTS REGARDING MEDICAL AND DENTAL INFORMATION ABOUT YOU.**

Although all records concerning your hospitalization and treatment obtained at the UAB School of Dentistry are the property of the UAB School of Dentistry, you have the following rights regarding medical and information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical and dental information that may be used to make decisions about your care. Usually, this includes medical, dental, and billing records, but does not include psychotherapy notes.

To inspect and copy medical and dental information that may be used to make decisions about you, you must submit your request in writing to the Entity Privacy Coordinator. If you request a copy (paper or electronic) of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical and dental information, you may request that the denial be reviewed. Another physician or dentist chosen by the UAB School of Dentistry will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical and dental information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the entity.

To request an amendment, your request must be made in writing on the required form and submitted to the Entity Privacy Coordinator. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical and dental information kept by or for the entity;
- is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical and dental information about you.

To request this list or accounting of disclosures, you must submit your request in writing on the required form to the Entity Privacy Coordinator. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical and dental information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical and dental information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing on the required form to the Entity Privacy Coordinator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

➤ **Right to Request That Health Information Pertaining to Services Paid Out of Pocket Not Be Sent to Insurance.**

In some instances, you may choose to pay for a healthcare item or service out of pocket, rather than submit a claim to your insurance company. You have the right to request that we not submit your health information to a health plan or your insurance company, if you, or someone on your behalf, pay for the treatment or service out of pocket in full. To request this restriction, you must make your request in writing on the required form to the Entity Privacy Coordinator prior to the treatment or service. In your request, you must tell us (1) what information you want to restrict (2) and to what health plan the restriction applies.

➤ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical and dental matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing on the required form to the Entity Privacy Coordinator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

➤ **Right to Revoke Authorization.** You have the right to revoke your authorization to use or disclose your medical and dental information except to the extent that action has already been taken in reliance on your authorization.

➤ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, [www.uab.edu/dentistry/home](http://www.uab.edu/dentistry/home). To obtain a paper copy of this notice, contact the Entity Privacy Coordinator.

### **CHANGES TO THIS NOTICE**

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical and dental information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the UAB School of Dentistry's facilities. The notice will contain on the first page the effective date. In addition, each time you visit the UAB School of Dentistry to receive services, we will make available a copy of the current notice in effect.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact the Entity Privacy Coordinator. If you believe your privacy rights have been violated, you may file a complaint with the UAB School of Dentistry or with the Secretary of the Department of Health and Human Services. To file a complaint with the UAB School of Dentistry, contact the Entity Privacy Coordinator. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**NOTICE EFFECTIVE DATE:** The effective date of the notice is April 14, 2003, amended on September 23, 2013.

**Entity Privacy Coordinator:**

**UAB School of Dentistry**

**HIPAA Privacy Coordinator**

**SDB 210**

**1720 2<sup>nd</sup> Ave. S.**

**Birmingham, AL 35294-0007**