Bethany J Geyman & Christy Cranfill

Dr. Bethany Geyman & Dr. Christy Cranfill | 4450 Weston Pointe Drive, Suite 100, Zionsville, IN 46077
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1. Our Commitment to Your Privacy; We are required by law to maintain the privacy of your health information and provide you with this notice.

2. How We May Use and Disclose Your PHI

- Treatment: Sharing your information with other dental or medical providers for your care.
- Payment: Submitting claims to your insurance and verifying coverage.
- Healthcare Operations: Quality assessments, audits, and improving patient care.
- As Required by Law: Reporting to public health authorities or law enforcement as required.
- Other Uses: For marketing, fundraising, or research only with your written authorization.

3. You have the right to:

1. Access your PHI.
2. Request corrections to your PHI.
3. Request restrictions on certain uses or disclosures.
4. Receive confidential communications by alternative means (e.g., email vs. phone).
5. Receive a copy of this Notice of Privacy Practices at any time.
6. File a complaint if you believe your privacy rights have been violated.

4. Special Considerations (2026 Updates)
Under new HIPAA rules effective 2026, substance use disorder records may require additional protections.

5. Complaints
If you believe your privacy rights have been violated, you may contact:

- U.S. Department of Health & Human Services: www.hhs.gov/hipaa

No retaliation will occur for filing a complaint.

6. Acknowledgment of Receipt
I have received, read, and understand the Notice of Privacy Practices of Dr. Bethany Geyman & Dr. Christy Cranfill.
Patient Name (Print): _____
Signature: _____
Date: _____
Parent/Guardian (if patient is a minor): _____
Relationship to Patient: _____

7. I authorize the following person(s) to obtain information regarding my account and medical/dental history:

- _____
- _____
- _____

8. *Office Use Only*
We attempted to obtain written acknowledgment, but it could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communication barriers prohibited obtaining acknowledgment
- ☐ An emergency situation prevented us from obtaining acknowledgment
- ☐ Other (Please Specify): _____

9. Additional Information

- Office Transfers: If you transfer offices, you will be required to sign an X-ray release form.
- Patient Education: A copy with more information regarding HIPAA is available upon request.
- Refusal of signing; You understand refusal to sign you will be responsible for filing your own insurance claims.