

တၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအကွၢ်အတၢ်ကွၢ်ဖိၣ်

နတၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအကွၢ်အတၢ်ကွၢ်ဖိၣ်တၢ်ဘၢ,လၢတၢ်ကိးစ့ၢ်ကိးအမံၤဒ်နတၢ်ဆူးတၢ်ဆါအတၢ်ကွၢ်နီၣ်ကွၢ်ယါန့ၣ်တၢ်ဟံးဖိၣ်တၢ်အိၣ်သဒံၣ်တခါဖဲ န့ၣ်န့ၣ်ယၢၢ်ကညးအပူၤဖုၣ်န့ၣ်လီၤ.တၢ်ဂ့ၢ်အိၣ်သဒံၣ်တဘျုးမံၤလၢဘၣ်တဘျုးပကလိၣ်သ့တၢ်ဂ့ၢ်တၢ်ကျိၤအံၤမ့တမ့ၢ်ဟံးဖိၣ်တၢ်သ့တဖၣ်အံၤဆူပုၤအဂၤအိၣ်န့ၣ်လီၤ. တၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအကွၢ်အတၢ်ကွၢ်ဖိၣ်သ့ၣ်ညါန့ၣ်တၢ်ဟ့ၣ်ထီၣ်လၢတၢ်ကဒုးသ့ၣ်ညါန့ၣ်လၢကျိၤကျဲတဖၣ်လၢပသ့အိၣ်သ့ၣ်ပျံၤလီၤ.တၢ်ဂ့ၢ်တၢ် ကျိၤလၢအိၣ်သဒံၣ်အတၢ်ဆါအတၢ်ကွၢ်နီၣ်ကွၢ်ယါအပူၤန့ၣ်လီၤ.လံာ်တကဘျုးအံၤတမ့ၢ်တၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအကွၢ်တဖၣ်အတၢ်ဒုး သ့ၣ်ညါအလၢအပွဲၤတခါဘၣ်.တၢ်ဒုးသ့ၣ်ညါအလၢအပွဲၤတခါတၢ်ကထုးထီၣ်ဟ့ၣ်ဖဲတၢ်မ့ၢ်ယုထီၣ်အိၣ်အခါလီၤ.လၢပတၢ်ဟ့ၣ်လီၤသးမၤတၢ်လၢအယံာ်အထၢလၢတၢ်ကဒိ သဒၢနတၢ်ဂ့ၢ်တၢ်ကျိၤတခါအဖဲၣ်ညါ.မူၤခါအိၣ်သဒံၣ်တနီၤလၢပကဘၣ်မၤအိၣ်သဒံၣ်တဖၣ်တၢ်အိၣ်သဒံၣ်တၢ်သီတၢ်လီၤယၢၢ်ဖဲဒၣ်အသိးန့ၣ်လီၤ.မူၤခါအကျိၤတခါန့ၣ်မ့ၢ်တၢ် ကဘၣ်ဟ့ၣ်န့ၣ်ဒီးတၢ်ဒုးသ့ၣ်ညါတခါအံၤန့ၣ်လီၤ.

တၢ်လၢတၢ်ရဲပွးအိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအကွၢ်တဖၣ်အတၢ်ဒုးသ့ၣ်ညါအလၢအပွဲၤတခါပူၤန့ၣ်မ့ၢ်ဖဲ

- **မ့ၢ်တၢ်ကသုးဒီးနီၤဟ့ၣ်နတၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤလၢတၢ်အိၣ်ဒီးနတၢ်ပျံၤလၢတၢ်က-**
 - ဟ့ၣ်တၢ်ကူၤစါန့ၣ်
 - မၤန့ၢ်တၢ်အဘူးအလဲလၢတၢ်မၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ်လၢပဟ့ၣ်န့ၣ်န့ၣ်
 - ဟ့ၣ်ထီၣ်တၢ်ဟံးဖိၣ်တဖၣ်အကိၢ်ဖဲၣ်စၢၤဖိၣ်,ကိၢ်ဖဲၣ်ဒီးလီၤကဝီၤတၢ်ကရၢကရိၣ်ဒီးအဂၤတဖၣ်ဖဲတၢ်သိၣ်တၢ်သိၣ်မ့ၢ်လိၣ်ဘၣ်တၢ်ဟံးဖိၣ်န့ၣ်တဖၣ်
 - မၤတၢ်ဟံးဖိၣ်တဖၣ်မ့တမ့ၢ်နီၤဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢကျိၤအတၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤဖျိးဒီး,မ့တမ့ၢ်တၢ်ယိထံသ့ၣ်ညါအတၢ်ပညိၣ်တဖၣ်အဂီၢ်န့ၣ်လီၤ.
- **မ့ၢ်ပကသ့ဟ့ၣ်နီၤလီၤနတၢ်ဂ့ၢ်တၢ်ကျိၤလၢတၢ်အိၣ်ဒီးနတၢ်ပျံၤလၢကျိၤလဲၣ်,သနတၢ်ကထုးဖဲပဟ့ၣ်န့ၣ်ဒီးတၢ်ခွဲတၢ်ယၢၢ်လၢတၢ်ကသမၤအိၣ်-**
 - လၢတၢ်ကနီၤဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤဘၣ်ယးန့ၣ်ဆူဟံၣ်ဖိၣ်ဖိၣ်,တံၤသကိးတဖၣ်,မ့တမ့ၢ်ပုၤအဂၤတဖၣ်လၢအဟံးယုၣ်လၢတၢ်ကွၢ်ထွဲကဟုကယၢ်န့ၣ်လၢတၢ် ဟ့ၣ်ဘူးလဲလၢတၢ်မၤစၢၤအတၢ်ဖဲတၢ်မၤလၢနဒီးန့ၣ်ဘၣ်အိၣ်န့ၣ်လီၤ
 - လၢတၢ်ကနီၤဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤဖဲတၢ်ကထီၣ်အသးဒ်အမ့ၢ်တၢ်တတၢ်တနီၤလၢတၢ်ကဒုးသ့ၣ်ညါန့ၣ်ဟံၣ်ဖိၣ်ဖိၣ်ဒီးနတၢ်သကိးတဖၣ်လၢနအိၣ်တၢ် လီၤဖဲလဲၣ်ဒီးနထီၣ်တၢ်အိၣ်သဒံၣ်အဂီၢ်အကျိၤန့ၣ်လီၤ
- **မ့ၢ်ပသုးဒီးနီၤဟ့ၣ်နတၢ်ဆူးတၢ်ဆါအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤသ့ၣ်ညါလၢအအိၣ်ဒီးနတၢ်ပျံၤလၢတၢ်ကထုးဖျိထီၣ်တၢ်ဆူပုၤအဂၤလၢအအိၣ်ဒီးနတၢ်ဟံးဖိၣ်လီၤ လၢထးဒ်လဲၣ်.**
- **နသဲးတၢ်ခွဲတၢ်ယၢၢ်တဖၣ်လၢအအိၣ်လၢကိၢ်ဖဲၣ်စၢၤဖိၣ်တၢ်သဒံၣ်သဒၢအတၢ်သိၣ်တၢ်သိၣ်မ့ၢ်လိၣ်ဟ့ၣ်နတၢ်ခွဲတၢ်ယၢၢ်လၢတၢ်က-**
 - ယုန့ၢ်လၢတၢ်ကထံၣ်ဒီးမၤန့ၢ်နတၢ်ဆူးတၢ်ဆါအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအလံာ်ကွၢ်ဒီး
 - ယုန့ၢ်လၢတၢ်ကမၤဘၣ်,မၤပုၤက့ၤနတၢ်ဆူးတၢ်ဆါအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤလၢအတၢ်လၢတပုၤမ့တမ့ၢ်တဘျုးတဖၣ်
 - ယုန့ၢ်စရိတခါလၢတၢ်လီၤတဖၣ်လၢပဆူန့ၢ်နတၢ်ဂ့ၢ်တၢ်ကျိၤတဖၣ်မ့တမ့ၢ်ဘၣ်လၢတၢ်ဆူအိၣ်လၢအအိၣ်ဒီးနတၢ်ပျံၤလၢတၢ်ဟ့ၣ်အလဲ, တၢ်ကူၤစါယါဘျုးမ့တမ့ၢ်တၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ကွၢ်ထွဲကဟုကယၢ်အတၢ်ဖဲတၢ်မၤတဖၣ်အဂီၢ်
 - ယုန့ၢ်လၢတၢ်ကဟံးပနီၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢပသ့အိၣ်မ့တမ့ၢ်ပနီၣ်ဟ့ၣ်အိၣ်လၢတၢ်ကူၤစါယါဘျုးအဂီၢ်,တၢ်ဟ့ၣ်အလဲ,မ့တမ့ၢ်တၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ် ကွၢ်ထွဲကဟုကယၢ်အတၢ်ဖဲတၢ်တဖၣ်,မ့တမ့ၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢပနီၣ်ဟ့ၣ်လီၤသးဒီးဟံၣ်ဖိၣ်ဖိၣ်တဖၣ်မ့တမ့ၢ်ပုၤအဂၤတဖၣ်လၢအဟံးယုၣ်လၢတၢ်ကွၢ် ထွဲကဟုကယၢ်န့ၣ်အပူၤန့ၣ်လီၤ.ပတလိၣ်တူၢ်လီၤနတၢ်ယုထီၣ်ဘၣ်န့ၣ်လီၤ
 - တၢ်ယုန့ၢ်လၢတၢ်ကဆဲးကျိးဆဲးကျိးန့ၣ်လၢတၢ်ခူၣ်သ့ၣ်အကွၢ်အဂီၢ်အပူၤ
 - ယုန့ၢ်တၢ်ဒုးသ့ၣ်ညါဘၣ်ယးတၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤအကွၢ်တဖၣ်အလံာ်အဒိလၢလံာ်အကွၢ်အဂီၢ်တဘျုးသ့ၣ်ညါတဘျုးလၢ လီၤ
 - ဘၣ်တၢ်ဒုးသ့ၣ်ညါန့ၣ်ဒီးတၢ်ဂ့ၢ်တၢ်အိၣ်သဒံၣ်သးလၢတၢ်လူၤသ့ၣ်ခါပတၢ်တခါလၢအတၢ်ပူၤတဖျိး,တၢ်မၤကမ့ၢ်တၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဟံးဖိၣ်ဖံးမၤအကျိၤလၢတၢ်ဒိ သဒၢယၢၢ်အိၣ်မ့ၢ်ကထီၣ်အခါ
 - တီၣ်ထီၣ်တၢ်ကဒုးကဒုးတခါဖဲနဆိကမိၣ်လၢနတၢ်အိၣ်သဒံၣ်သဒၢအန့ၢ်အယၢ်တဖၣ်တၢ်လူၤသ့ၣ်ခါပတၢ်အိၣ်အခါ
 - တၢ်ထုးထီၣ်ဟ့ၣ်လၢကစၢ်အထၢပူၤလၢတၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ကွၢ်ထွဲကဟုကယၢ်အပိးအလီမ့တမ့ၢ်လၢတၢ်မၤစၢၤအတၢ်ဖဲတၢ်မၤလၢ အပူၤဖဲလၢအဂီၢ်ဒီးတၢ်ဖိၣ်ပံးယၢၢ်တၢ်ဟံးဖိၣ်ထီၣ်တၢ်အပိးအလီမ့တမ့ၢ်တၢ်မၤစၢၤအတၢ်ဖဲတၢ်မၤလီၤလီၤဆီဆီဆူနတၢ်အိၣ်သဒံၣ်အိၣ်သဒၢအတၢ်ဂ့ၢ်တၢ်ကျိၤအပူၤဟ့ၣ်တၢ်အအိၣ်



SUMMARY OF NOTICE OF PRIVACY PRACTICES

The confidentiality of your protected health information, also called your medical record, is a high priority at All Smiles Community Oral Health. There are a number of reasons we may need to use this information or disclose it to others. This Notice of Privacy Practices is provided to inform you of the ways we can use and release information from your medical record. THIS PAGE IS NOT THE FULL NOTICE OF PRIVACY PRACTICES. The full notice is available upon request. In addition to our longstanding commitment to protecting your information, there are certain obligations we have under federal law. One of those obligations is to provide you with this Notice.

THINGS EXPLAINED IN THE FULL NOTICE OF PRIVACY PRACTICES

- **How we may use and share your health information without your permission to:**
 - Provide treatment to you.
 - Get paid for the services we provide to you.
 - Make reports to federal, state, and local agencies and others when the law requires such reporting.
 - Make reports or share information for public health, safety, and/or research purposes.

- **How we can share your information without your permission, but only if we give you a chance to object:**
 - To share information about you to family, friends, or others involved in your care for payment for the services you receive.
 - To share information in case of a disaster to let your family and friends know where you are and your general condition.

- **How we can use and share your medical information only with your permission for disclosures other than those described above.**

- **Your legal rights under federal privacy laws include your right to:**
 - Ask to see and copy your medical information.
 - Ask that incorrect or incomplete information in your medical information be corrected.
 - Ask for a list of the places we have sent your information unless it was sent with your permission, for payment, treatment, or health care operations.
 - Ask that we limit the information we use or share for treatment, payment, or healthcare operations, or the information we share with family members or others involved in your care. We are not required to agree to your request.
 - Ask that we communicate with you in a confidential manner.
 - Ask for a paper copy of the Notice of Privacy Practices at any time.
 - Be notified in the event of a breach of unsecured, protected health information.
 - File a complaint if you think your privacy rights have been violated.
 - Pay out of pocket in full for a healthcare item or service and restrict disclosure of that particular item or service to your health plan provider.