



HIPAA Policy

NOTICE OF PRIVACY PRACTICES

Patient First Name:	
Patient Last Name:	
DOB:	

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

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant rights to control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information.

As required by HIPPA we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical/dental records only for each of the following purposes:

- Treatment, payment, and health care operations
- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include treatment for pain or injury to your teeth.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identifiable health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may also use or disclose your personally-identifiable health information.

- To your family and friends. We must disclose your information to you. We may also disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment of our healthcare, but only if you agree that we may do so, or if we are presented a valid, legal document showing authority of another person to act on your behalf, as, for example a medical power of attorney or declaration of guardianship.
- To persons involved in your care: We may use or disclose health information to notify, assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for care of your general condition. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to use or disclosure.
- As required by law: we may use or disclose your health information when we are required to do so by law.
- In case of suspected abuse or neglect or domestic violence or the possible victim of other crimes. We may disclose your health

information to the extent necessary to avert a serious threat to your health or safety or the health and safety of others.

- For other governmental purposes: we may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to correctional institution or law enforcement official having custody of protected health information of inmate or patient under certain circumstances.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure to family members, other relative, close personal friends, or any other person identified by you. We are however, not required to agree to requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an account of disclosures of protected health information.
- The right to obtain and we have the obligation to provide to you a paper copy of this notice from us at your first service delivery date.
- The right to request a written acknowledgement that you have received a copy of our Notice of Privacy Practices and an obligation to document our good faith efforts why an acknowledgement was not obtained.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. This notice is effective as of April 14, 2003 or the date the office opened if later than April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of revised Notice of Privacy Practice from the office. You have recourse if you feel that your privacy protection have been violated. You have the right to file a formal, written complaint with us at the address below or with the Department of Health & Human Services Office of Civil Rights, about violation of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information about HIPPA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Ave., S.W.
Washington, D.C. 20201
202-619-0257

You may refuse to sign this Acknowledgement

I	
have received a copy of this office's notice of privacy practices.	
Signature:	