



Patient Consent Form/HIPAA

The Department of Health and Human Services has established a "Privacy Rule" to help ensure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' for uses and disclosures for health information about the patient to carry out treatment, payment or health care options.

We respect the privacy of your personal dental records and we will do all we can to secure and protect that privacy. Always, we strive to take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment, or health care options, in order to provide health care that is in your best interest. We will use electronic filing for submitting insurance claims on your behalf.

We want you to know that we support your full access to your personal dental records. We may have indirect treatment relationships with you (such as laboratories that only interact with doctors and not patients), and may have to disclose personal health information for purposes of treatment, payment or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent the use of disclosure of your personal health information, but this must be in writing. Under this law we have the right to refuse treatment should you refuse disclosure of your Personal Health Information (PHI). If you choose to give consent in this document, and at some later date you may choose to refuse all or part of your PHI, then you may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any questions about this form, please ask to speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy policy.

Patient's Name

Parent/Guardian's Name

Signature of Parent or Patient if over 18

Date

Compliance Assurance Notification for our Patients

To Our Patients:

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation and money. We want you to know that all of our employees, managers and doctors continually undergo training so that we may understand and comply with all government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule". We strive to achieve the very highest standards of ethics and integrity on performing services for our patients.

It is our policy to properly determine appropriate use of PHI in accordance with government rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

We also acknowledge that we are not perfect. Due to this fact, our policy is to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any service problems so that we may remedy the situation promptly.

Thank you for being one of our highly valued patients.