

HIPAA INFORMATION AND CONSENT FORM

The health insurance and Accountability Act, provided safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14,2003, any of the policies have been in our practice for years.

There are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient, we balance these needs with our goal of providing you with quality professional service and care.

Additional information is available from the U.S Department of Health and Human Services. WWW.HHS.GOV

We have adopted the following policies:

1. Staff/ The patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for you care. Staff/Patient's information which is not already a matter of public record, the normal course of providing care means that such records may be left, at least temporarily in administrative areas such as the front office, examination room, etc. Those records will not be available to the persons other than the Staff. You agree to the normal procedures utilized within the office for the handling of charts, patient's records, PHI, and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, US mail, or by means convenient for the practice and or as requested by you. We may send you other communications informing you of changes to the office policy and technology that you might find valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to the PHI, but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspection of the office and review of documents which may include PHI by Government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or to the doctor.
6. Your confidentiality information will not be used for the purpose, of marketing or advertising of products.
7. We agree to provide patients with access to their records in accordance with state and federal laws.
8. We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
9. You have the right to request restrictions in the use of your Protected Health Information and request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

I, _____ Date _____ do hereby consent and acknowledge my agreements to the terms set forth in the HIPAA INFORMATION FORM and any subsequent changes in office policy.