

HIPAA ACKNOWLEDGEMENT FORM

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 to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosure of health information about the patient to carry out treatment, payment, or health care operations.

As our patient we want you to know that we respect the privacy of your personal dental records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide minimum necessary information to only those we feel need your health care information and information about treatment, payment, or health care operations, to provide health care that is in your best interest.

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

If you have any objections to 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 notice.

Print Patient Name Patient/Guardian Signature Date

***If there is any other person who we can discuss your PHI with, please list here and sign for consent:**

Print Name Relationship to Patient

Patient/ Guardian Signature Date Authorization Expires

CONSENT FOR RADIOGRAPHS

Please initial below to consent for radiographs (x-rays) or not.

- I understand that the Doctor, the Hygienist, or the Dental Assistant may need to take x-rays of my teeth for proper diagnosis and treatment planning. Initials: _____
- It is my right to not consent to these x-rays. I understand that by not consenting to x-rays, the doctor will not be responsible for any missed diagnosis of dental of periodontal pathology. Initials: _____

Tear here to keep for your records.

HIPAA NOTIFICATION FOR PATIENTS

To Our Valued Patients:

The misuse of the Personal Health Information (PHI) has been identified as a national problem causing patients to inconvenience, aggravation, and money. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with 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 in performing services for our patients.

It is our policy to properly determine appropriate use of PHI in accordance with the governmental 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 know that we are not perfect. Because of 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 problem so that we may remedy the situation promptly.