

HIPAA Consent and Confidentiality Agreement

The Health Insurance and Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. This form is a "friendly" version. A more complete text is posted by the front desk in our office.

What this is all about: Specifically, there are rules and restriction 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 also adopted the following polices:

1. 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 your care. All patient files will be stored on our office's Dental software. Some files will be exported through our computers and sent through encrypted websites if patient information is needed by "you" the patient, or by requestors. 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 persons other than office staff. You agree to the normal procedure utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. It is the policy of Brimhall Family Dentistry to remind patients of the appointments. We may do this by telephone, email, U.S. mail or by any 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 new technology that you might find valuable or informative.
3. Brimhall Family Dentistry utilizes several vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies of insurance payer in normal performance of the duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
6. your confidential information will not be used for the purposes of marketing or advertising of products, good, or services.
7. We agree to provide our 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 both our patients and our practice.
9. You have the right to request restriction in the use of your protected health information and to request change in certain policies used within our 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 agreement to the terms set forth in the HIPAA information form and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.