



HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. This form details our privacy practices in conformance with HIPAA regulations.

What it's all about: Specifically, 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.

In 2009, the Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted to strengthen and broaden the applicability of security and privacy rules contained in HIPAA. Upon request, you are entitled to a complete list of routine disclosures made regarding treatment, payment, and health care operations, as well as have a correction added to your health information. You may also request to withhold PHI from a health plan if you are personally paying for your medical treatment with us. You may request that we not submit a claim to the private insurer. Additional information regarding HIPAA and HITECH is available from the U.S. Department of Health and Human Services at www.hhs.gov.

We have adopted the following policies:

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, and health insurance payers as is necessary and appropriate for your care. 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 procedures utilized within the office for the handling of charts, patient records, PHI, and other documents or information.
2. This practice utilizes a number of vendors in the conduct of business. These vendors only have access that may include PHI if they are in the healthcare field and have agreed to abide by the confidentiality rules of HIPAA.
3. You understand and agree to inspections of the office and review of documents that may include PHI by government agencies or insurance payers in normal performance of their duties.
4. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
5. Your confidential information will not be used for the purposes of marketing or advertising of products, goods, or services.
6. We agree to provide patients with access to their records in accordance with state and federal laws.

7. We may change, add, delete, or modify any of these provisions to better serve the needs of both the practice and the patient.
8. You have the right to request restrictions in the use of your protected health information and to 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.

You are authorized to discuss my personal medical information with the following people:

1. _____
2. _____
3. _____

I, _____ on this day _____, do hereby
(Print Name)

consent and acknowledge my agreement to the terms set forth in the HIPAA Information and Consent Form and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.

Signed: _____