

PATIENT HIPAA CONSENT FORM

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations of your practice.

I have also been informed of and given the right to review and secure a copy of your *Notice of Privacy Practices*, which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Signed this _____ day of _____ 20_____.

Print Patient Name _____

Signature _____

Relationship to Patient _____

Michael J. Armento, DMD
Creating smiles with style



Your Information— Your Rights— Our Responsibilities

This notice describes how medical/dental information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY.

Your Rights:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- ***Get an electronic or paper copy of your medical/dental records***

You can ask to see or get an electronic/paper copy of your dental records and other health information we have about you. Ask us how to obtain your records. We will provide a copy of summary of your health information, usually within 30 days of your request. We may charge a reasonable , cost-based fee.

- ***Ask us to correct your dental records***

You can ask to correct health/dental information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we will tell you why in writing within 60 days.

- ***Request confidential communications***

You can ask us to contact you in a specific way (for example, home, office, cell, or email) or to send mail to a different address. We will say “yes” to all reasonable requests.

- ***Ask us to limit what we use or share***

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless law requires us to share that information.

- ***Get a list with whom we’ve shared information***

You can ask for a list (accounting) of times we’ve shared your health information for six years prior to the date you ask., who we shared it with, and why. We will include all the disclosures (such as any you asked to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- ***Get a copy of this privacy notice***

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

- **Bill For Your Services**

We can use and share your health information to bill and get payment from health plans or other entities. (i.e. We give information about you to your dental insurance plan so it will pay for your services)

How else can we use or share your health information? We are allowed or required to share your information in other ways— usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- **Help With Public Health and Safety Issues**

We can share health information about you for certain situations such as:

- Preventing Disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

- **Do Research**

We can use or share your information for health research.

- **Comply with Law**

We will share information about you if your state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

- **Respond to Organ and Tissue Donation Requests**

We can share health information about you with organ procedure organizations

- **Address Workers' Compensation, Law Enforcement, and Other Government Requests**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

- **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For Law enforcement purposes or with law enforcement officials
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services.

- **Respond to lawsuits and legal actions**

We can share health/dental information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.