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HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safe guards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. This form is a friendly version, a more complete form is available on request.

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 services and care. Additional information is available from the US Department of Health and Human Services. www.hhs.gov

We have adopted the following policies.

1. Patient information will be kept confidential except as necessary to provide services or to insure all administrative matters related to your care are handled properly. This specifically includes the sharing of information with other healthcare providers, laboratories, and health insurance payers as necessary and appropriate for your care. Records will not be accessible to anyone 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 of information.
2. It is the policy of this office to remind patients of their appointments. We do this by telephone calls, voicemails, email, and/or text message.
3. This practice uses a number of vendors in to 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 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 front desk or doctor.
6. Your confidential information will not be used for the purpose of marketing or advertising of products, goods, or services.
7. We agree to provide patients to access to their records in accordance to state and federal laws.
8. We may add, change, delete, or modify any of these provisions to better serve the needs of both the patient and the practice.
9. You have the right to request restrictions in the use of your protected health information and to request change in certain polices used within the office concerning PHI. However, we are not obligated to alter internal polices to conform to your request.
10. In no event will we use or disclose your Part 2 Program record, testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or local authority, against you unless authorized by your consent or the order of a court after it provides you notice of the court order.

I, _____ date_____ do hereby 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.