



## HIPAA CONSENT/COMMUNICATION

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003.

Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). HIPAA provides certain rights and protections to you as the patient. Additional information is available from the U.S. Department of Health and Human Services. [www.hhs.gov](http://www.hhs.gov) We 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, health insurance payers as is necessary and appropriate for your care. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. The practice utilizes several business associates in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
3. 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.
4. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
5. We agree to provide patients with access to their records in accordance with state and federal laws.
6. We may change, add, delete, or modify any of these provisions to better serve the needs of both the practice and the patient.
7. 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.
8. I have been given access to and can request a copy of the complete Notice of Privacy Practices.
9. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S. mail, text 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 office policy and new technology that you might find valuable or informative.
10. You have the right to file a complaint if you feel your privacy rights have been violated. Forms and instructions can be found at [hhs.gov](http://hhs.gov). Complaints can be made by mail, fax, email or via OCR complaint portal. Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) Mail: Centralized Case Management Operations, US Dept of Health and Human Services, 200 Independence Ave SW, Room 509F HHH Building, Washington, D.C. 20201