

Health Insurance Portability and Accountability Act

(H.I.P.A.A.)

Patient Name: _____

Acknowledgement of Receipt of Privacy Practices

I _____ received a copy of **Chesterfield Orthodontics' Notice of Privacy Practices** with an effective date of April 14, 2003.

Release of Information

I authorize the release of information including but not limited to; diagnosis, records, examination, insurance information and financial information. This information may be released to:

Spouse _____

Child(ren) _____

Other _____

Information is not to be released to anyone.

In the case of minor children; if divorce is involved, who is the custodial parent?

May patient information be released to the non-custodial parent? Yes No

The release of information will remain in effect until terminated by me in writing

Messages

Please call: Home Work Cell number

If unable to reach me: Do not leave messages of any kind

you may leave a detailed message Please leave a message asking me to return call.

All Messages will identify Chesterfield Orthodontics and name of staff member initiating the call.

Appointment reminders may be sent by:

text reminders e-mail reminders automated phone call reminders

Signature (if minor; parent or legal guardian) X _____ Date _____

Signature of Witness X _____ Date _____

April 14th, 2003

Notice of Privacy Practices

Chesterfield Orthodontics NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information, and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purpose of treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include crowns, fillings, teeth cleaning services, etc.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your dental plan for your dental services.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocols, etc.

In addition, your confidential information may be used to remind you of an appointment (by phone, e-mail, or mail) or provide you with information about treatment options or other health-related services including release of information to friends and family members that are directly involved in your care or who assist in taking care of you. We will use and disclose your PROTECTED HEALTH INFORMATION when we are required to do so by federal, state, or local law. We may disclose your PROTECTED HEALTH INFORMATION to public health authorities that are authorized by to collect information, to a health oversight agency for activities authorized by law included, but not limited to: response to a court or