



HIPAA INFORMATION AND CONSENT FORM

Patient Name: _____

Date Of Birth: _____

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. 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.

Minnesota Dental Anesthesia Policies are attached and also on our website. This consent form indicates you have reviewed the entire information of our HIPAA 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 or other third parties such as health insurance payers etc.
2. You agree to the normal procedures utilized for the handling of charts, patient records, PHI and other documents or information.
3. You agree to communication by text, email, telephone or mail with respect to all aspects of your/your child's appointment and treatment.
4. You understand and agree to inspections of the practice and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.

Notice of Privacy Practices

I acknowledge that I have reviewed the practice's Notice of Privacy Practices, which describes the ways in which the practice may use and disclose my healthcare information for its treatment, payment, health care operations and other described and permitted uses and disclosures. I understand that I may contact the Privacy Officer designated on the notice if I have a question or complaint. I understand that this information may be disclosed electronically by the Provider and/or the Provider's business associates. To the extent permitted by law, I consent to the use and disclosure of my information for the purposes described in the practice's Notice of Privacy Practices.

Signature of Patient/Parent or Guardian

Date



THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 07/01/2018 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices we will change the Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

HOW MAY WE USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment and health care operations. For each of these categories we have provided a description and an example. Some information as HIV related information, genetic information, alcohol and/or substance abuse records and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

Treatment. We may use and disclose your/your child's health information for your/their treatment. For example: we may disclose your/their health information to a doctor or dentist providing treatment to your child.

Payment. We may use and disclose your health information to obtain reimbursement for the treatment and services your child receives from us or another entity involved with their care. Payment activities include billing, collections, claims management and determinations of eligibility and coverage to obtain payment from you, an insurance company or another third party. For example, we may send claims to your dental health plan containing certain health information.

Healthcare Operations. We may use and disclose your/your child's health information in connection with our healthcare operations. For example. Healthcare operations include quality assessment and improvement activities, conducting training programs and licensing activities.

Individuals involved in your/your child's care or Payment for Services. We may disclose your health information to your family or friends, **or any other individual identified by you**, when they are involved in your child's care or in the payment for their care. Additionally, we may disclose information about your child to a patient representative, if a person has the authority by law, to make health care decisions for your child. We will treat that patient representative the same way we would treat you with respect to health information.

Disaster Relief. We may use or disclose your/your child's health information to assist in disaster relief efforts.

Required by Law. We may use or disclose your/your child's health information when we are required to do so by law.

Public Health Activities. We may disclose your/your child's health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;



- Notify a person who may have been exposed to a disease or condition or;
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Secretary of HHS. We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Law enforcement. We may disclose your/your child's PHI for law enforcement purposes as permitted by HIPAA as required by law, or in response to a subpoena or court order.

Health Oversight Activities. We may disclose your/your child's PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your/your child's PHI in response to a court or administrative order. We may also disclose health information about you/your child in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, **but only if** efforts have been, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Coroners, Medical Examiners and Funeral Directors. We may release your/your child's PHI to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Other Uses and Disclosures of PHI

We will also obtain your written authorization before using or disclosing your/your child's PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI except to the extent that we have already taken action in reliance on the authorization.

For Health Information Rights

Access. You have the right to look at or get copies of your/your child's health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain electronically you have the right to an electronic copy. We will use the form and format you request if readily producible. We will charge you a reasonable cost based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

Disclosure Accounting. With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your child's health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12 month period, we may charge you a reasonable cost based fee for responding to the additional requests.

Right to Request a Restriction. You have the right to request additional restrictions on our use or disclosure of your/your child's PHI by submitting a written request to the Privacy Official. Your written request must include (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.



Alternative Communications. You have the right to request that we communicate with you about your/your child's health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Amendment. You have the right to request that we amend your/your/child's health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your/your child's record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to Notification of a Breach. You will receive notifications of breaches of your unsecured protected health information as registered by law.

Electronic Notice. You may receive a paper copy of this Notice upon request.

Questions and Complaints.

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information, or in response to a request you made to amend or restrict the use or disclosure of your/your child's health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Our Privacy Official:	Dr. James Lipon
Telephone:	952-215-2132
Address:	Minnesota Dental Anesthesia PO Box 398196 Edina, Minnesota 55439-2300 United States