

Summary of the HIPAA Privacy Rule

HIPAA is a federal law that gives you rights over your health and sets rules and limits on who can look at and receive your health information.

You have the right to:

- As to see and get a copy of your health records
- Have corrections added to our health information
- Receive a notice that tells you how your health information may be used and shared
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing
- Get a report on when and why your health information was shared for certain purposes
- If you believe your rights are being denied or your health information isn't being protected, you can: file a complaint with your provider or health insurer, or file a complaint with the U.S. Government

You also have the right to ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint from the website at www.hhs.gov/ocr/hipaa or by calling 1-866-627-7748.

Who must follow this law?

- Doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other healthcare providers
- Health insurance companies, HMOs, most employer group health plans
- Certain government programs that pay for healthcare, such as Medicare and Medicaid

What information is protected?

- Information your doctors, nurses, and other healthcare providers put in your medical record
- Conversations your doctor has had about your care or treatment with nurses and other healthcare professionals
- Information about you in the health insurer's computer system
- Billing information about you from your clinic/healthcare provider
- Most other health information about you, held by those who must follow the law

Providers and health insurers who are required to follow this law must keep your information private by:

- Teaching the people who work for them how your information may and may not be used and shared
- Taking appropriate and reasonable steps to keep your health information secure

To make sure that your information is protected in a way that does not interfere with your healthcare, your information can be used and shared:

- For your treatment and care coordination
- To pay doctors and hospitals for your healthcare
- With your family, relatives, friends and others you identify who are involved with your healthcare or your healthcare bills, unless you object
- To protect the public's health, such as reporting when the flu is in your area
- To make required reports to the police, such as reporting gunshot wounds

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer
- Use or share your information for marketing or advertising purposes
- Share private notes about your mental health counseling sessions



HIPAA RELEASE OF INFORMATION

Patient Name: _____ DOB: _____

Responsible Party Name: _____ Relationship: _____

I hereby authorize Dental Harmony Hamilton to release all information include the diagnosis, treatment, and financial information. This information may be released to:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

I hereby do not wish to authorize any additional personnel other than myself permission for information to be shared.

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

Responsible Party Name (PRINT)

Relation

Responsible Party Signature

Date



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

** You may refuse to sign this acknowledgement **

I have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Date

Signature

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)
