



Zent Family Dentistry
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PRIVACY POLICY CONSENT

CLIENT RIGHTS AND HIPAA AUTHORIZATIONS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides safeguards to protect your privacy. Implementation for HIPAA requirements officially began on April 14, 2003. Many of the policies have been *our* practice for years. This form is a "friendly" version. A more complete text is posted in the office.

What this is all about: 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. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human services. www.hhs.gov

We have 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. This could mean verbal, written, or digital communication with your information. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons 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 or information.
- 2.) It is the policy of this office to remind patients of their appointments. We may do this by telephone, email, US mail, text message, 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.
- 3.) 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.
- 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 office manager or the doctor.

6.)Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.

7.)We agree to provide patients with access to their records in accordance with state and federal laws.

8.)We may change, add, delete, or modify any of these provisions to better serve the needs of both the practice and the patient. Anytime that there is a change, our patients will be notified.

9.)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.

Tell your provider if you do not understand this authorization and the provider will explain it to you. You have the right to revoke or cancel this authorization at any time, except: (1) to the extent the information has already been shared based on this authorization; or (2) this authorization as obtained as a condition of obtaining insurance coverage. To revoke or cancel this authorization, you must submit your request in writing to Zent Family Dentistry at 3410 Douglas Rd. South Bend, IN 46635. You may refuse to sign this authorization. However, you may be required to complete this authorization form before receiving treatment if you have authorized your provider to disclose information about you to a third party. If you refuse, your provider has the right to decide not to treat you or accept you as a patient in their practice. Once information about you leaves this office according to the terms of this authorization, this office has no control over how it will be used by the recipient. You need to be aware that after the information leaves Zent Family Dentistry, your information may no longer be protected by HIPAA. You may inspect or copy the protected dental information to be used or disclosed under this authorization. There may be some information where you do not have the right to access.

I do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA Information Form and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.

Patient's signature:

Date: