

Consent Agreement

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) does not require that health care providers obtain a consent agreement as it relates to the use and disclosure of individually identifiable health information (IIHI), but many practices will continue to use the Consent Agreement for other purposes.

Though it is not necessary to have your consent to allow us to use or disclose your IIHI to others who will treat or you support in providing you quality health care services, it is important to have you consent to use or disclose your IIHI to health care plans to insure accurate and timely payment for the services rendered. The law requires that we inform you of our policy regarding the protection of your IIHI through our Privacy Notice. We may already have a consent agreement from you. Please refer to our Privacy Notice for full explanation of how this office will protect your individually identifiable health information (IIHI).

The following is a statement that allows us the necessary latitude to work within the new requirements.

I, _____, have been presented with a Privacy Notice explaining my rights regarding my individually identifiable health information (IIHI). I consent to the use and/or disclosure of my IIHI for purposes of treatment, payment, or other health care operations (TPO). Other uses of my IIHI will require an authorization from me for the specific intention of disclosure.

Patient _____

Date _____

Privacy Notice

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

My signature indicates that I have received a copy of the Privacy Notice.

Thank you,

Signature of patient or Personal Representative: _____

Print Name _____

Date _____

HIPAA NOTICE OF PRIVACY ACT

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

PLEASE REVIEW CAREFULLY

How we may use and disclose your health information:

1. **Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment related health care services.
2. **Payment:** We may use and disclose Health Information so that we or others may bill and receive payment from you, insurance company, or a third party for the treatments and services you received.
3. **Health Care Operations:** We may use and disclose Health information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office.
4. **Appointment reminders, treatment alternatives, and health related benefits and services:** We may use and disclose Health Information to remind you of your appointment
5. **Individuals Involved in Your Care or Payment of Your Care:** We may share Health Information with a person involved in your medical care or payment for your care. Such as family or your close friends or guardian.
6. **Research:** Under certain circumstance, we may use and disclose your Health Information for research purposes.

Special Situations

As Required by Law: we may disclose Health Information as required by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the safety and health of public or another person.

Business Associates: We may use and disclose Health Information to our business associates who function on our behalf or provide us with services such as billing.

Organ And Tissue Donation: If you are an organ donor, we may use or release Health Information to organization that handles organ procurement, banking or transportation.

Military and Veterans: If you are a member of the armed forces, we may release Health Information as required by military command authorities.

Workers' Compensation: We may release health information for workers' compensation or similar programs.

Public Health Risks: We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report birth and deaths; report child abuse or neglect; report reactions to medication or problems with products; notify people of recalls of products they maybe using; inform a person who may have been exposed to a disease or condition; and report to appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities: We may disclose Health Information to health oversight agency for activities authorized by law.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose Health Information in response to administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release Health Information if asked by a law enforcement official if the information is: 1) in response to a court order, subpoena, warrant, summons, or similar process; 2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors: We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities: We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose Health Information to authorize federal officials so they may provide protection to the president, other authorized persons or foreign heads of state, or to conduct special investigations.

Inmates or Individuals in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be made if necessary: 1) for the institution to provide you with health care. 2) to protect your health and safety or the health and safety of others, or 3) for the safety and security of the correctional institution.

Your Rights

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy: You have the right to inspect and copy Health Information that may be used to make decision about your care or payment of your care. This includes medical and billing records. To inspect and copy this Health Information, you must make your request, in writing, to YesBraces.

Right to Amend: If you feel that Health Information we have is incorrect, or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to YesBraces.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures w made of Health Information for purposes other than treatment, payment, and health care operations for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to YesBraces.

Right to Request Restrictions: You have the right to request a restriction of limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in you care or the payment for your care, such as a family member or friend. To request a restriction, you must make your request, in writing, to YesBraces. We are not required to agree to your request. If we agree, we will comply with you request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communication: You have the right to request that we communicate with you about the medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communication, you must make your request, in writing, to YesBraces. Your request must specify how or where you wish to be contacted. We will accommodate reasonable request.