



## HIPAA Notice of Privacy Practices

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health information is protected for privacy. The Privacy Rule was also created to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment of health care operations. As our patient we want you to know that we respect the privacy of your personal dental records and will do all we can to secure and protect that privacy. We always aim to take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information regarding health care operations, treatments, insurance and/or billing to those that need it. This allows for comprehensive and informed health care that is in your best interest. We support your right to your personal dental records and are willing to release this information at your request. There may be treatment correspondence with other practitioners/servicers (such as laboratories that interact with doctors and not patients), and we may have to disclose personal health information for the purposes of treatment, payment or health care operations. These entities are most often not required to obtain patient consent. You may refuse to consent to the use or disclosure of your personal health information, but this must be stated in writing. Under this law, Grins holds the right to refuse treatment, should you choose to refuse to disclose your Personal Health Information (PHI) with the necessary parties. If you choose to give consent in this document, you may revoke consent to release all or part of your PHI in the future, if you so please. You may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. I understand that by signing this consent, I authorize you to use and disclose my/my child/ren's protected health information to carry out the following: a) Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment; i.e. release of radiographs and or treatment plans to referring physicians and or dentists) b) Obtaining payment from third party payers (i.e. my insurance company) c) The day-to-day healthcare operations of your practice. If you have any objections to this form, please contact our office. You have the right to review our privacy notice, request restrictions, and revoke consent in writing after you have reviewed our privacy notice.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

### **Compliance Assurance Notification**

To Our Valued Patients: The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation and money. All employees, managers and doctors continually undergo training to understand the importance of and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule". We strive to achieve the highest standards of ethics and integrity in all office operations. It is our policy to properly determine appropriate uses of PHI in accordance with government rules, laws and regulations. We want to ensure that our practice never contributes to the growing problem of improper disclosures of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI. We also acknowledge that we are not perfect! Our policy is to listen to our employees and patients without any thought of penalization if they feel that an event compromises our integrity policy. We welcome your input regarding any service problems so that we may remedy the situation promptly.

Thank you,  
Grins Pediatric Dentistry