**HIPPA INFORMATION AND CONSENT FORM**

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

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. HIPPA provides certain rights and protections to you as a patient. We balance these needs with providing you with professional quality service and care. Additional information is available to your from US Department of Health and Human Services. [www.hhs.gov](http://www.hhs.gov)

We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or ensure that all administrative matters related to your care are handled appropriately. This includes the sharing of information with other health professionals, laboratories, and health insurance payers as is necessary and appropriate for your care. Patient files are stored electronically and protected by HIPPA compliant EHR system. These records will not be available to persons other than office staff.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, text, or email. We may send you other communications relevant to the office that you might valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. The vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPPA.
4. You understand and agree to inspections of the office and review of documents that may contain 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 provider.
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 patient and the practice.
9. You have the right to request restrictions in the use of protected health information and to request change to certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do hereby consent and acknowledge my agreement to the terms set forth in the HIPPA INFORMATION FORM and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.