

## Kendall Family Dental HIPAA Privacy Rule

HIPAA stands for the Health Insurance and Portability Act of 1996. It is a federal law which the secretary of the U.S. Health and Human Services issued regulations that give patients protection over the privacy of their dental records.

The final privacy regulation took effect April 14, 2003. It balances strong privacy protections against efficiency and access to quality healthcare. Patients are guaranteed access to their dental records, given more control over how their protected health information is used and disclosed; and are allowed to file complaints if their medical privacy is breached. The privacy rule protects medical records and other personal health information maintained by certain dentists, physicians, hospitals, health plans, health insurers, and health care clearinghouses.

Under the privacy rule, this dental practice:

- Must get your specific authorization before we may use or disclose your protected information in non-routine circumstances, such as releasing information to an employer or for use in marketing activities.
- Will allow you to request an account of non-routine uses and disclosures of your health information.
- Will provide you with written notice of our privacy practices and your privacy rights. Patients will generally be asked to sign, or otherwise acknowledge receipt of, the privacy notice for direct treatment providers such as dentists.
- May communicate freely with you about treatment options and with other health care providers involved in your care.
- Will allow you to access your personal dental records and request changes to correct any errors.

The privacy rule, established as part of the federal privacy act, enhances protections under existing Florida law. Our dental practice adheres to Florida law and federal laws that protect your health information. Our policies apply to all patients in this dental practice, whether they are privately insured, uninsured or covered under public programs such as Medicare or Medicaid.

I hereby acknowledge receipt of Kendall Family Dental's HIPAA rule and have read through this form.

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Signature

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Print Name

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Date