

HIPPA Consent Form

This notice describes how medical information about you may be used and disclosed and now you can get access to this information. Please review this notice, sign and return to this office.

As of April 14, 2003, Morrell Dental is required by law to take reasonable steps to ensure the privacy of your personally identifiable health or medical information and to inform you about

- Our uses and disclosures of protected health information (PHI)
- Your privacy rights with respect to your PHI and this office
- Our responsibilities with respect to your PHI
- The person or office to contact for further information about our privacy practices
- Your health right to file a complaint with our office or with the Secretary of the U.S. Department of Health and Human Services.

A. Notice of PHI Uses and Disclosures

Upon your request, our office is required to give you access to certain PHI in order to inspect or copy it. Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate our compliance with privacy regulations. Our office and our business associates will use PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and health care operations. Business Associate means a person who on behalf of our offices performs a function or activity involving the use or disclosure of PHI. Treatment is the provision of care for which we use or release PHI. It also includes but is not limited to consultations between referrals to one or more of your providers. Payment includes but is not limited to actions to make coverage determinations and payment including billing, claims, and reviews for medical necessity.

The following is a disclosure that requires you to be given an opportunity to agree or disagree prior to use, release or disclosure.

- Information given directly to family members, relatives or close personal friends. Release of this information will only be allowed after you have agreed to the disclosure or have been given the opportunity to object to such release.

Use and disclosure is allowed without your consent, authorization or request under the following circumstances:

- When required by law.
- When permitted for purposes of public health activities.
- When authorized by law to report information regarding abuse, neglect or domestic violence.
- When required for judicial or administrative proceedings.
- When required for law enforcement purposes.
- When subject to a request from a coroner for identification purposes.
- When authorized by and to the extent necessary to comply with workers compensation or other similar programs established by law.

B. Right to Request Restriction on PHI Uses and Disclosures

You may request that this office restrict uses and disclosures of your PHI to carry out treatment, payment and health care operations. However, our office is not required to agree to your request. This office will accommodate reasonable requests to receive communication of PHI by alternative means or alternative locations. You will be required to complete a form to request restrictions on uses and disclosures of your PHI, such request should be made to:

HIPPA Compliance Officer for Morrell Dental
403 S. 11th St. Suite 200
Boise, Idaho 83702
(208)342-3440

C. Right to Amend PHI

You have the right to request that our office amend your PHI or a record about you in our files. Our Office has 60 days to act on the request. If this request is denied in whole or part this office must provide you with a written denial. Requests to amend should also be sent to the HIPPA Compliance Officer.

D. Right to Receive Notice of PHI Disclosures

At your request, this office will provide you with an accounting of disclosures by your office of your PHI for a requested period of time not prior to six years of the request. This office has the right to charge a reasonable amount for more than one request and will comply with any request in 60 days or less. A 30day extension will be provided if we are unable to comply within the initial time frame.

E. Right to Receive a Paper Copy of This Notice

To obtain a paper copy of this notice contact the HIPPA Compliance Officer.

F. Note about Personal Representatives

You may exercise your rights through a personal representative provided this person is able to establish and demonstrate power of attorney notarized by a public notary or via a court order or if you are the parent of a minor. This office retains the right to deny access to PHI to any persons other than yourself to provide protection of your PHI.

G. Duties of this Office

This office is required by law to maintain the privacy of your PHI and provide notice of its legal duties and privacy practices. This notice is effective April 14, 2003. This office reserves the right to amend or change its privacy policy and practices provided such changes are communicate to past and present participants.

E. Minimum Necessary Standard

When using or disclosing PHI our office will make reasonable efforts not to disclose more than the minimum amount of PHI needed to accomplish the purposes of use. However minimum necessary standards will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment.
- Uses or disclosures made to you.
- Disclosures that are required by law.
- Uses or disclosures that is required for this office to comply with legal regulations.

This notice does not apply to information that has been de-identified. De-identified means that the information does not identify you and where there is not reasonable belief that this information could be used against you.

If you feel that your privacy rights have been violated you may complain to the HIPPA Compliance Officer at this office or you may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

**Secretary DHHS
Hubert H. Humphrey Building
200 Independence Ave. S.W.
Washington, D.C. 20201**

PHI use and disclosure by our office is regulated by the federal law know as HIPPA (Health Insurance Portability Access and Accountability). You may find these rules at 45 Code of the Federal Regulations Part 160 & 164. This notice summarizes these regulations.

I have reviewed the privacy notice of this office.

Printed Name:

Signature:

Date: