

HIPAA Consent Form

Patient Name: _____

HIPAA – Notice of Privacy Practice

HIPAA is a Federal Law developed to provide a standard for the protection of your health information.

The purpose of the Notice of Privacy is to explain how Fernanda B. McCosh, D.M.D may use or disclose your health care information. The Notice also explains the rights that you are guaranteed under HIPAA regulations.

Fernanda B. McCosh, D.M.D has always taken great care to protect the integrity and confidentiality of your health care information, we are now required by the HIPAA Privacy Rule to distribute this notice to you and obtain acknowledgement that you have received the Notice.

Signing below indicates that you have received the Notice of Privacy Practices. If you have any questions, please contact our HIPAA Compliance Officer listed below:

Fernanda B. McCosh, D.M.D
5800 Colonial Drive
Suite 406, Margate FL
(954) 971- 8800
(954) 979-8498 (fax)

I hereby acknowledge that I have received a copy of Fernanda B. McCosh D.M.D Notice of Privacy Practices.

Signature of Patient/ Guardian *Date*

Permission to Share Medical Information

***My medical information may be obtained and exchanged verbally to:**

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Turn page for Notice of Privacy Practices →

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this Notice please contact our Privacy Officer.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry our treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We are required by Federal law to give you this **Notice** and to maintain the privacy of your health information. We must also abide by the terms of this Notice at any time. Before we make significant changes in our privacy practices, we will change this Notice and make the new Notice available upon request.

How We May Use and Disclose Your Protected Health Information

You will be asked to sign an **Acknowledgement Of Receipt Of Notice Of Privacy Practices** when we give you our **Notice of Privacy Practices**. Once you have received our **Notice**, we will use your protected health information for treatment, payment and health care operations. Your protected health information may be used and disclosed by our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of our practice. Following are examples of the types of uses and disclosures of your protected health information that our office is permitted to make.

Treatment: We will make use and disclose your protected health information to other dentists and physicians to provide, coordinate, or manage your health care. For example, your protected health information may be provided to another dental specialist to whom you have been referred to ensure that the necessary information is available to diagnose or treat you.

Payment: Your protected health information will be used to obtain payment for services we provide to you. This may include certain activities that your insurance plan may undertake before it approves or pays for the services we recommend.

Healthcare Operations: We may use or disclose your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, credentialing activities, conducting training and conducting other business activities. For example, we may use a sign-in sheet at the reception desk where you will be asked to sign your name and indicate your doctor. We may also call your name in the waiting room when your doctor is ready to see you. We may use or disclose your protected health information to contact you to remind you of your appointment. We may send you information about treatment alternatives or products and services that may be of interest to you. We may also use your name to send you a newsletter about our practice and the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.

Business Associates: We will share your protected health information with third party Business Associates that perform various activities (billing or laboratory services) for our practice. Whenever we disclose your protected health information to a business associate, we will have a written contract that will protect the privacy of your protected health information.

Your Written Authorization is Required For Other Uses Of Your Protected Health Information

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that our practice has already released your health information as provided for in your authorization.

How We Will Use Your Health Information With Your Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object (such as an emergency) to use or disclosure of the protected health information, then we may use professional judgment and common practice to determine whether the disclosure is in your best interest. In this case, only the protected health information that is needed to provide your health care will be disclosed.

Family Members and Friends:

Unless you object, we may disclose to your family member, a relative, a close friend or any other person you select, your protected health information to the extent necessary to help with your healthcare or with payment for your healthcare. We will also use our professional judgment and common practice to make reasonable decisions in your best interest in allowing a person to pick up dental supplies, x-rays, prescriptions or other similar forms of health information.