

## HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been *our* practice for years. This form is a "friendly" version. A more complete text is available for your review in the laminated pages that accompany your registration forms, or by request.

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

We have adopted the following policies:

1. The Image Center is a comprehensive aesthetic and wellness center with highly integrated services; including plastic surgery (Image Plastic Surgery), outpatient surgery (Huntington Surgery Center), dentistry (Impression Dental Care), skin care (The Spa at The Image Center), and NewenWellness. In the normal course of providing care, Image Center staff often work in more than one area of the Center. All Image Center staff are held to the highest levels of confidentiality, and are allowed to access your patient information only to the extent necessary to provide for your care.
2. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers, financial institutions, as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
3. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy, new technology and services, and recommended treatment plans that you might find valuable or informative.
4. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
5. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
6. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
7. We would like the opportunity to keep you informed of the services offered by all of the Image Center's providers, including Image Plastic Surgery, Impression Dental Center, Huntington Surgery Center, The Spa at The Image Center, and NewenWellness. You agree to allow us to provide you information on an ongoing basis about all of the Image Center's services. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services beyond those offered by the Image Center's providers without obtaining additional consent from you.
8. We agree to provide patients with access to their records in accordance with state and federal laws.
9. We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
10. In the event of a billing dispute, you authorize us to release information related to your care to health insurance payers and financial institutions as necessary to resolve the dispute. This HIPAA release for billing disputes is irrevocable.
11. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

### ACKNOWLEDGEMENT OF RECEIPT HIPPA INFORMATION & NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, do hereby consent and acknowledge my agreement to the terms set forth in the NOTICE OF PRIVACY PRACTICES & HIPAA INFORMATION FORM and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date