

HIPAA NOTICE OF PRIVACY PRACTICE

Anthony M. Cascino D.D.S.

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What is HIPAA? It is the Health Information Portability Accountability Act. It was developed in 1996 to protect your privacy with regard to demographic and medical information obtained by health care providers.

THIS NOTICE DESCRIBES HOW DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY:

We respect patient confidentiality and are required by the State of Illinois and Federal Law to maintain the privacy of your Protected Health Information (PHI). Your dental records contain PHI about you including demographic information and other related dental/health care services. We are required to follow the privacy practices described in this notice, but reserve the right to change our privacy practices at any time of your next appointment.

HOW WE MAY USE AND DISCLOSE YOUR PHI:

*We file the majority of our insurance claims electronically. Some of your PHI is transmitted in this fashion, as is required to process your claim. All insurance companies are also required to adhere to HIPAA policies and procedures.

*As required by Workman's Compensation Agreements, they may request your PHI in order to process claims and issue you compensation for your time off of work, without providing us with your written consent. Records that are released are those pertaining to your claim. However, other PHI may be included if it falls within the timeline of the information.

*Your PHI will be released, with your written authorization, if requested by an insurance company to which you are applying for dental insurance coverage.

*Your PHI will be released at any time, when a subpoena for medical records is provided. Subpoena requires that we release this information without your written consent.

*Your PHI will be released to any insurance company for the purpose of processing an insurance claim. Your release is generally provided by the insurance company, but it is not required when it is used to process such claims. Only information pertinent to their inquiry will be released.

*In signing a release, you are advised that your record may contain sensitive information. If you do not wish to have sensitive information, released, you are required to advise office staff to this effect. Otherwise, all information requested will be provided.

*Your PHI may be released to an oral surgeon or another dental provider of services, for the purpose of providing the provider with necessary information in order to treat you and process billing, a well.

*All employees are required to sign a confidentiality agreement and respect the privacy of your records and other dental related information.

*At no time will your records be accessed merely for the purpose of someone's simple interest in knowing your diagnosis or treatment.

*Your records will be accessed to obtain any information required to process your claims or provide billing information.

*You have the right to review your medical records at a time that is determined to be reasonable for all parties, and you also have the right to request an amendment to those same records. This must be witnessed by a staff member and request must be made directly to the provider of services.

*In providing you with notification of dental related information such as the return of a crown, etc. from the lab, post-operative follow-up or the date/time of future appointments, it is our practice to leave a message on your answering device to inform you. If you are not in agreement with this practice, you need to inform us, *in writing*, as to the means through which you wish to receive the afore mentioned information.

I _____ acknowledge that I have both

read and understand the Privacy Practices of the office of Anthony M. Cascino D.D.S and how my PHI may be disclosed.

Signature

Date

If the patient is a minor, if the patient him/herself is unable to sign, please provide your relationship to patient _____

Thank you