

PATIENT CONSENT FORM

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- TREATMENT (including direct or indirect treatment by other healthcare providers involved in my treatment);
- Obtaining PAYMENT from third party payers, such as my insurance companies and me, your patient;
- The day-to-day HEALTHCARE OPERATIONS of your practice.

I have also been informed of, and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and healthcare operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Signed this _____ day of _____, 20____.

Print Patient Name: _____

Signature: _____

Witness: _____

If patient is a child, I give my consent that if my child has no cavities, he/she may have his/her picture taken and put up on the "No Cavity Club" Board located in our main hallway. Yes No

Relationship to Patient: _____

Godwin & Miller, D.D.S., P.A.
Family Dentistry
301-B Keisler Dr.
Cary, NC 27518

Protecting Your Confidential Health Information Is Important To Us

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.

This notice applies to all of the records of your care generated by this practice, whether made by this practice or an associated facility.

Under the Health Insurance Portability Accountability Act of 1996 (HIPAA), all medical records and other individually identifiable health information of which we have knowledge must be kept confidential. All personal health information used by us or disclosed by us is covered by this Act regardless of whether this personal health information is in electronic, oral, or paper form. Several new rights are granted to patients under this Act, allowing control over how your personal health information is used, how you can access it, and in some cases amend it.

We are required by law to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information.

We may be assessed a penalty for any misuse or unauthorized disclosures of your personal health information as regulated by HIPAA.

This Notice of Privacy Practices is effective IMMEDIATELY.

We are bound to abide by the terms of this notice and reserve the right to make revisions to this policy. Should revisions be made, you will be notified in writing, and a copy of the revised policy will be made available at your request.

HOW YOUR HEALTH INFORMATION MIGHT BE USED

You will be asked to sign a consent form authorizing us to use and disclose your PERSONAL HEALTH INFORMATION for the following purposes, as defined under the Act:

- **TO PROVIDE TREATMENT**
We will use your PERSONAL HEALTH INFORMATION within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between hygienist, dental assistant, dentist, and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, pharmacies, or other health care personnel providing you current and future treatment.
- **TO OBTAIN PAYMENT**
We will include your PERSONAL HEALTH INFORMATION to obtain reimbursement for our provision of health care. We may include your health information with an invoice used to collect payment for treatment you receive in our office. We will include your health information on all insurance claims, both actual and pretreatment, that we send electronically or in the mail. Other instances for which we will include your health information are: determination your eligibility of insurance coverage; management of your insurance claims; collection activities; justification of charges; and disclosure to consumer reporting agencies.
- **TO CONDUCT HEALTH CARE OPERATIONS**
Your PERSONAL HEALTH INFORMATION may be included in any activity related to covered functions in which we participate in the function of our office, such as conducting quality assessment activities; protocol development; case management; care coordination; certification and licensing processes; auditing functions, business management, and general administrative activities, including implementation of this regulation; customer service evaluations; resolution of grievances; fundraising, and marketing for which an authorization is not required.

We may, without prior consent use or disclose your personal health information to carry out treatment, payment, or health care operations:

- Directly to you at your request;
- In patient reminders to remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow-up on your care and inform you of treatment options or services that may be of interest to you or your family;

- If we believe you are the victim of abuse, neglect, or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement;
- If we are required by Federal officials or military authorities to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device;
- If we are required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime or describe the person who committed the crime; in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a death we believe may be the result of criminal conduct; and about criminal conduct at the practice;
- If a medical examiner or coroner requests the information to identify a deceased person or determine the cause of death. We may also release medical information about patients of the practice to funeral directors as necessary to carry out their duties.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, and we are requested by such institutions. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our practice in any actual or threatened action.
- In an emergency treatment situation, if we attempt to obtain such consent as soon as reasonably practicable after the delivery of such treatment, if we are required by law to treat you and attempts to obtain consent are unsuccessful, or if we attempt to obtain consent but are unable, due to barriers of communication, but we determine in our professional opinion that treatment is clearly inferred from the circumstances;
- To those you tell us will be helping you with your home hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want we will

use our very best judgment when sharing your health information only when it will be important to those participating in providing your care;

- Pursuant to and in compliance with an authorization signed by you;
- Provided that you are informed in advance of the use and disclosure and have the opportunity to agree to or prohibit or restrict the use or disclosure. This may be an oral agreement between us and may include a directory maintained at our facility containing specific information allowed by this Act; and
- If other than is stated above or where Federal, State, or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

We may de-identify your personal health information by using codes or removing all individually identifiable health information.

All other uses and disclosures will be made only upon securing a written authorization form signed by you. You have the right to revoke this authorization, at any time, upon written notice, and we will abide by that request. However, exception would be any actions already taken, relying on your authorization, prior to revocation notice.

PATIENT RIGHTS

Under HIPAA, you have the following rights with respect to your protected health information:

- You have the right to request restrictions on certain uses and disclosures of protected health information, including restrictions place upon disclosure to family members, close personal friends, or any other person you may identify. We are, however, not required to agree with a requested restriction;
- You have the right to receive confidential communications of your protected health information, either directly from us, or from us by alternative means, or from alternative location;
- You have the right to inspect and copy your protected health information. To inspect and copy your dental/medical record, you must submit your request in writing to our HIPAA Compliance Officer. Ask the front desk person for the name of the HIPAA Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request;
- You have the right to amend protected health information, however, this request, may be denied under certain circumstances;
- You have the right to receive an account of disclosures of your protected health information made by us to others for purposes other than treatment, payment, or healthcare operations in the six years prior to the date of the accounting request; and
- You have the right to obtain a paper copy of this notice from us.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice in the Practice. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice or the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our office manager, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you. **You will not be penalized for filing a complaint.**