

**Family Dentistry  
Mark A. McAdams, DDS, PA  
HIPPA Consent Form**

The Health Insurance Portability and Accountability Act of 1996 provides safeguards to protect your privacy. The safeguards include restrictions on who may see or be notified of your Protected health Information (PHI). The restrictions do not include the normal interchange of information necessary to provide you and your family with treatment. HIPPA provides certain rights and protections to you as the patient. We must balance these needs with our goal to providing you with quality service and care. For this reason, our practice has adopted the following policies:

- (1) Patient information will be kept confidential except as is necessary to provide treatment or to ensure that all administrative matters related to your care are handled appropriately. Patient files may be stored in open file racks but 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 provide care means that such records may be left in administrative areas such as the front office, Doctor's office, etc. The patient agrees to the normal procedures utilized within the facility for the handling of charts, patient records, PHI and other documents or information.
- (2) It is the policy of this office to remind patients of their appointments. This may be done by telephone or by any other means convenient for the practice.
- (3) The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but agree to abide by the confidentiality rules of HIPPA.
- (4) The patient understands and agrees to inspections of the office and the review of documents that may include PHI by government agencies or insurance companies in the normal performance of their duties.
- (5) The patient agrees to bring any concerns or complaints regarding privacy to the attention of the Doctor or office manager.
- (6) Confidential patient information will not be used for the purpose of advertising or marketing of products, goods or services. Such prohibition does not include treatment, product samples or goods of normal value.
- (7) The practice agrees to provide the patient with access to their records in accordance with state law.
- (8) The practice may modify any of these provisions to better serve the needs of both the practice and the patient.

I \_\_\_\_\_ hereby agree to the terms set forth above and subsequent  
(print name) changes in office policy.

I understand that this consent shall remain in force so long as I am a patient of this practice.

Signature \_\_\_\_\_ Date: \_\_\_\_\_