

# Lili Leon D.D.S. LLC

11908 Darnestown Rd- Suite F. North Potomac. MD 20878

## HIPPA COMPLIANCE NOTICE FOR OUR PATIENT

Dear Patient,

The misuse of personal health information (PHI) has been identified as a national problem causing patients inconvenience, aggravation and money. We want you to know that all of our employees, managers and doctors have been trained to understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the Privacy Rule. We strive to achieve the very highest standards of ethics and integrity in performing services for our patients. It is our policy to properly determine appropriate use of PHI in accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a compliance program for our doctors and staff that we believe will help us ensure your protection and appropriate use of your Personal Health Information. We are careful to protect your privacy as much as possible in our office. Because of the physical design of our treatment areas and our front desk, we make an extra effort to protect your privacy at all times. If you have any suggestions or concerns, we would like to hear them so that we can continually train our staff and continue to make you feel protected and cared about in our office. We welcome your input and will make every effort to remedy any situation promptly.

### HIPPA COMPLIANCE NOTICE AND PATIENT CONSENT FORM

The Department of Health and Human Service has established a "Privacy Rule" to help ensure that personal healthcare information is protected for privacy. The Privacy rule was also created in order to provide certain guidelines for healthcare providers to obtain their patients' consent for uses and disclosures of health information about the patient in order to carry out treatment, payment or healthcare operations.

As our patient, we want you know that we respect that privacy of your personal dental records and will do all we can to secure and protect your privacy. When appropriate, we provide the minimal necessary information to only those we feel are in need of your health information. This includes information about treatment, payment and/ or healthcare operations that is in your best interest. We also want you to know that we support your full access to your personal dental records. We may have indirect treatment relationship with our business associates, such as laboratories, that only interact with doctors and our staff and not directly with patients, and may have to disclose personal health information for purpose of treatment, payment and healthcare operations.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, if you refuse to disclose your personal health information, we may have to exercise the right to refuse to treat you. If you choose to give consent to this document, at some future time, you may request in writing to refuse all or part of your personal health information. You may not revoke actions that have already been taken which relied on this or a previously signed consent. If you have any questions regarding this form, please ask to speak to our HIPAA Compliance Officer, Dr. Lili Leon. You have the right to review our privacy notice and to request restrictions and revoke consent in writing.

Occasionally, insurance companies, as well as government funded programs, require us to insure that we have verified the identity of the claimant. Therefore, we request a photo ID so that we can file claims for our patients rather than requiring them to file their own claims and having to pay in advance for treatment. We also cannot accept personal checks without a photo ID. We request to have a photo ID on file rather than having to ask at every visit.

Thank you for being a valued patient in our office.

Yours Truly, Lili Leon D.D.S.

I have read and agree to the statement above.

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

Allow access to: \_\_\_\_\_ Relationship: \_\_\_\_\_