



HIPPA Privacy Policy

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain right to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by Crystal Coast Oral & Facial Surgery of the practice's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I have been given the right to review the *Notice of Privacy Practices* prior to signing this consent. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request, in writing, that Crystal Coast Oral & Facial Surgery restrict how my private information is used or disclosed to carry out treatment, payment or health care operation. I also understand that Crystal Coast Oral & Facial Surgery is not required to accept requested restrictions but if agreement is approved, Crystal Coast Oral & Facial Surgery is bound to abide by such restrictions.

I authorize to release any clinical and clerical information to the following persons in regards to my treatment provided by Crystal Coast Oral & Facial Surgery.

Name: _____ Relationship to Patient: _____
Name: _____ Relationship to Patient: _____
Name: _____ Relationship to Patient: _____

I understand that I may revoke this consent in writing at any time, except to the extent that Crystal Coast Oral & Facial Surgery has taken action relying on this consent.

HIPPA Privacy issues can arise when using cell/smart phones in areas of Crystal Coast Oral & Facial Surgery where patients and/or patient information may end up in phones or audio recordings. Patients and/or discussions may be in the background, and this information may be picked up in the photo or audio recording.

To ensure confidentiality and privacy, the use of camera phones, personal digital assistants (PDAs) or smart phones for the purpose of video-taping patients for non-clinical purposes is strictly prohibited.

Patient's Name: _____
Patient's or Guarantor's Signature: _____
Relationship to Patient: _____
Date: _____