

HIPAA

Dentists of Hinsdale Lake understands the importance of keeping your personal and health information private. We are required by state and federal law to adhere to these guidelines.

Below you will find a condensed version of your rights as a patient, and our rights as a practice. For a more detailed explanation of the HIPAA law, our office has a copy for your convenience.

Both under law, and our policy, we:

- Protect your privacy by limiting who may see your PHI (private health information)
- Limit how we may use or disclose your PHI
- Inform you of our legal duties with respect to your PHI
- Explain our privacy policies

Dentists of Hinsdale Lake may disclose your personal / health information for:

- Treatment / payment
- Overseeing your healthcare operations regarding evaluation and clinical outcome
- As required by law, i.e., court summons
- Insurance

Your rights as a patient:

- You have a right to review your dental records
- You have a right to request copies of your dental records. You must sign a written authorization notifying our practice of release of information. We have the right to charge you a copy fee.
- You have the right to know whom we are giving dental information.
- You have the right to request that we not release any information without your approval.
- You have the right to request that we amend your dental information. It must be in writing, and you must explain why the information should be amended.

This is a summary of the HIPAA law. Our office can amend this policy at anytime. We would like you to sign this disclosure, knowing you have read and understood the contents. The detailed version is available upon request. This agreement will only change upon patients request and signature.

Signed _____(Patient / Guardian) Date _____

I give my permission to Dentists of Hinsdale Lake to release my dental information to

Name _____ Relationship _____

Signed _____ Date _____