

For Your Information

The Health Insurance Portability and Accountability Act of 1996

HIPAA is the acronym for the Health Insurance Portability and Accountability of 1996. The Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) require the Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It addresses the security and privacy of health data.

The rules protect all forms of individually identifiable health information (whether electronic, written or oral) known as Protected Health Information (PHI). PHI is defined as information that the covered entity creates or receives; relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment of fees for the provision of health care to an individual; and either identifies the individual or provides a reasonable basis to identify the individual. The rules require notifying patients about privacy rights, adopting clear privacy procedures and securing patient records.

The HIPAA Privacy Rule requires notice, consent, access and administrative requirements (generally). The Privacy Rule establishes a federal requirement that most doctors, hospitals, or other health care providers obtain a patient's written consent before using or disclosing the patient's personal health information to carry out treatment, payment, or health care operations. The Privacy Rule also provides individuals with rights to: access to information; notice; and ability to request restrictions on the uses or disclosures of health information. The Rule also sets up administrative requirements. All mechanisms are aimed at protecting the integrity, confidentiality and availability of personal health information.

The Office of Albert V. Biggiani, D.M.D., P.C. respects the confidentiality of your medical information and will protect that information in a responsible manner. We have a privacy program in place that meets the requirements of the HIPAA Privacy Regulations. We also follow all NYS privacy laws to which we are subject that do not conflict with HIPAA Privacy Regulations. However, where the NYS privacy law provides greater rights or protections than the HIPAA Privacy Regulations, we follow state law.

FOLLOWING IS A SUMMARY OF OUR PRIVACY POLICY AND PRACTICES STATEMENT. A MORE DETAILED GENERAL DESCRIPTION OF YOUR INDIVIDUAL RIGHTS, AND EXAMPLES OF THE USES AND DISCLOSURES OF INFORMATION ARE AVAILABLE UPON REQUEST.

PRIVACY POLICY AND PRACTICES STATEMENT

The Dental Office of Albert V. Biggiani, D.M.D., P.C. (**THE PRACTICE**) is committed to complying with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Regulation") and other regulations issued pursuant to the Health Insurance Portability and Accountability Act of 1996, (collectively, "HIPAA") on your behalf, herein referred to as the **PATIENT**.

1. Treatment and Services.

THE PRACTICE may use or disclose Protected Health Information (PHI) on behalf of, or to provide treatment and services to, the PATIENT, if such use or disclosure of PHI would not violate the Privacy Rule.

THE PRACTICE is permitted to use and disclose Protected Health Information as long as it obtains written authorization (consent) from a patient prior to using or disclosing personal health information for purposes other than treatment, payment or health care operations.

THE PRACTICE agrees not to use or disclose PHI other than as permitted or required by the Agreement or as Required By Law and to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided by this Agreement.

THE PRACTICE may use PHI for the proper care and treatment of the PATIENT or to carry out the appropriate care of the PATIENT.

THE PRACTICE is permitted to disclose the PHI in its possession to third parties for the purpose of proper management and administration provided that the purpose is to provide the third party with data analyses relating to the Health Care Operations of the PATIENT (such as for dental insurance purposes).

2. Patient Rights

The PATIENT'S Protected Health Information (PHI) should not be disclosed except as authorized under the HIPAA regulations.

It is the right of the PATIENT to limit the use of his or her PHI.

It is the right of the PATIENT to obtain access to his or her PHI.

It is the right of the PATIENT to request communication regarding PHI by a different means or location.

It is the right of the PATIENT to request an amendment to his or her PHI.

It is the right of the PATIENT to request of an accounting of any non-TPO disclosures of PHI.

Albert V. Biggiani, D.M.D., P.C.
646 Commack Road
Commack, New York 11725
(631) 499-7280

**Acknowledgement of Receipt of Notice of Privacy Policies
And Consent for Disclosure for Treatment, Payment and Operations**

ACKNOWLEDGEMENT AND CONSENT

By signing below, I hereby acknowledge that I have been provided with a copy of this office's Notice of Privacy Practices and have therefore been advised of how my protected health information may be used and disclosed by the office and how I may obtain access to and control this information. In addition, by signing below, I hereby consent to the use and disclosure of my health information for treatment purposes, payment activities and healthcare operations of the office as described in the Notice.

Signature of the Patient or Personal Representative

Print name of Patient or Personal Representative (including description of legal authority)

Date