



Notice of Privacy Practices – Effective September 23, 2013

The U.S. Department of Health and Human Services (HHS) Office of Civil Rights established a final rule which implements a number of provisions of the HITECH Act to strengthen the privacy and security protections for health information established under the Health Insurance Portability and Accountability Act (HIPAA).

In order to meet requirements under federal law, Derby Orthodontics has in place a Notice of Privacy Practices, including your right to receive information electronically, to be notified of a breach, and other uses disclosures of your information that require prior authorization.

You may request a copy of our complete Notice of Privacy Practices at our front desk or by calling us at 316.719.1900. For your convenience, we will also have a copy available in our lobbies at both of our locations.

This Notice of Privacy Practices is effective as of the date of your signature and will be in effect for 10 years. If you have any further questions, please ask our Privacy Officer(s) or direct your questions to this person at our office.

I hereby acknowledge that I have been informed of the Notice of Privacy Practices and I understand how I can obtain my personal copy.

Parent/Patient Signature

Date

Patient Name

FOR SECURITY PURPOSES WE REQUEST YOU CHOOSE A FAMILY PASSWORD – please remember to ONLY share it with the people listed on this HIPAA CONSENT – your password will be required to get information, change appointments, & access to financial records.

PASSWORD: _____ **HINT(optional):** _____

I give permission for the following listed below access to my information:

_____	_____
_____	_____
_____	_____
_____	_____