

Ralph Del Priore, DDS, PA
Paul J. Melone
Diplomates American Board of Orthodontics
121 County Road
Tenafly, New Jersey 07670

Orthodontists:

HIPAA POLICY

NOTICE OF PRIVACY PRACTICES AND PATIENT ACKNOWLEDGEMENT

To Our Valued Patients:

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 and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the **Health Insurance Portability and Accountability Act (HIPAA)** with particular emphasis of the "**Privacy Rule.**" We strive to achieve the very highest standards of ethics and integrity when performing services to our patients.

It is our policy to properly determine appropriate use of **PHI** in accordance with the government rules, laws, and law 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 that we believe will help us prevent any inappropriate use of **PHI**.

It is our policy to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of privacy and integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation promptly.

NOTICE OF PRIVACY

The Department of Health and Human Services has established a "**Privacy Rule**" to help insure that personal health care information is protected for privacy. The Privacy Rule provides standards for health care providers to follow when disclosing health information about the patient that is needed to carry out treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your medical records and will do all we can to secure and protect the privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information. We want to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. You may request restrictions pertaining to parties you do not want **PHI** released to. You will be asked to authorize release of **PHI** to any party that is not directly connected to your treatment, payment, or health care operations.

If you have any questions, comments, or objections to the privacy policies on this form, please ask to speak with our **HIPPA** Privacy Officer. You have the right to review our entire notice of privacy upon request.

Please sign this form to acknowledge that you have read this notice of our privacy policies.

Patient Name: _____

Signature: _____

Date: _____

If Minor, Signature of Parent or Guardian: _____

Thank you for being one of our highly valued patients.