

HIPAA Privacy Policy

Name: _____ Date of Birth: ____/____/____

I have read the Notice of Privacy Policy. For a complete disclosure of the HIPAA policy, you may request a copy in our office.

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me, information to a specialist and claims information. This information may also be released to:

Information is not to be released to anyone.

Photo Release

I Hereby authorize Drs. Jon and Brian Ash or their assistants to take photographs, slides, and/or videos of my face, jaws, mouth and teeth.

I understand that the photographs, slides, and/or videos will be used as a record of my care, and may be used for educational purposes in study club meetings, social media, lectures, seminars, demonstrations, and professional publications (journals, magazines).

I further understand that if the photographs, slides, and/or videos are used in any publications or as a part of a demonstration, my name or other identifying information will be kept confidential.

I do not expect compensation, financial or otherwise, for the use of these photographs.

I refuse my photographs being released or used for any other purpose other than my clinical record.

This **Release of Information** will remain in effect until terminated by me in writing.

Messages

Please call my home my work my cell number: _____

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

The best time to reach me is (day) _____ between (time) _____

Signed: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

This information is intended as advisory in nature and should not be considered as legal advice nor is it a substitute for legal advice. This information does not constitute technical information system/security advice. It is designed to assist you in your own risk management activities. It is not intended to be exclusively relied upon or used as a substitute for your own loss-control program. Accuracy and completeness are not guaranteed.

The Federal HIPAA privacy compliance requirements are explained in this binder. When you develop your HIPAA compliance policy, incorporate whatever is necessary to address state law requirements as well.