

Hippa Policy For: Western PA Oral & Maxillofacial Surgery

Date:

Relation to Patient: Self Parent Spouse Son/Daughter Guardian

HIPPA

Patient Name

Dear Valued Patient / Family of Patient of Dr. Steven M. Krakora, D.M.D., M.D.

The United States government has passed a law that requires us to clearly identify guidelines for release of medical information. This law took effect on April 14, 2003. The purpose of this law is to safeguard medical information from sources not authorized to possess this information and at the same time to release appropriate information to other healthcare providers, insurance companies and other authorized agencies.

You have the right to request restrictions on the use and disclosure of your health information. You also have the right to inspect and / or copy your health information. We may charge you a reasonable charge to cover copying costs, etc.

If you pay in full (out of pocket) for a service you receive from us, and you request that we not submit the claim for this service to your health insurer or health plan for reimbursement, we must honor that request.

An expanded document is available upon request, which covers these issues in greater detail. If you would like a copy of this document, please let our office staff know and we will be happy to provide it to you.

I have read the above and understand my rights under these new regulations.

Relationship to Patient Self MotherFather Guardian

Please List below any person(s) that you give permission for our office staff to speak to about Medical/ Financial/Appointment information

Name	Relationship to Patient	Phone Number

Signature
