



NOTICE OF PRIVACY PRACTICES

In compliance with a newly enacted Federal Law, The **Health Insurance Portability and Accountability Act (HIPAA)**, Northwestern Dental Center, PC is informing of you of your privacy rights. Please review the information below.

What is HIPAA? HIPAA is a law passed by Congress in 1996 to improve the efficiency and effectiveness of the healthcare system. It requires health care professionals to adhere to security and privacy standards in order to protect Personal Health Information (PHI). PHI is confidential information about a patient, including demographic information.

How will Northwestern Dental Center use and disclose information under HIPAA?

Northwestern Dental Center uses PHI to communicate with your physician, process claims with your insurance company or notify you of new services or facilities.

What does HIPAA require of Northwestern Dental Center? Northwestern Dental Center must maintain the privacy of PHI, abide by the terms of this notice and provide patients with a revised notice, if necessary.

What are my rights under HIPAA? Patients have the right to receive confidential PHI communications, inspect, copy, or request amendment of PHI or receive an accounting of PHI disclosures.

Where can I file a privacy complaint? If you feel that your privacy rights have been violated, contact Northwestern Dental Center's Privacy Officer, 312-926-3264. Or contact the regional Department of Health and Human Services at 312-886-2359 or www.hhs.gov.

Release and Use of Confidential Information and Receipt of Notice of Privacy Practices Form

Effective April 15, 2003, I _____ hereby acknowledge receipt of Northwestern Dental
Print Name

Center's *Notice of Privacy Practices*, and give my consent to Northwestern Dental Center to use or disclose, for the purpose of carrying out the treatment, payment or health care operations, all information contained in my patient record. The *Notice of Privacy Practices* provides detailed information about how the practice may use and disclose my confidential information.

I understand Northwestern Dental Center has reserved a right to change his or her privacy practices that are described in the *Notice*. I also understand a copy of any Revised Notice will be provided to me or made available at my next office visit.

I understand this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to Northwestern Dental Center. I also understand that I will not be able to revoke this consent in cases where Northwestern Dental Center has already relied on it to use or disclose my health information. Written revocation of consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to Northwestern Dental Center. I also understand that I will not be able to revoke this consent in cases where Northwestern Dental Center has already relied on it to use or disclose my health information. Written revocation of consent must be sent to Northwestern Dental Center.

Signed, _____ Date: _____

If you are not the patient, please specify your relationship to the patient
