

HIPAA COMPLIANCE FORM

HIPAA (Health Insurance Portability Act of 1996) is a regulation designed to protect confidential healthcare information through improved security standards and federal privacy legislation. It defines requirements for storing patient information before, during and after electronic transmission. It also identifies compliance guidelines for critical business tasks such as risk analysis, awareness training, audit trail, disaster recovery plans and information access control and encryption.

The HIPAA regulation has three main components that apply to “covered entities” (a covered entity is any provider of healthcare services that charges the government or insurance for their services):

1. Standard Transaction Code Sets
2. Patient Information Privacy
3. Patient Information Security (both electronic and physical records)

We are HIPAA compliant.

1. We will not disclose to anyone known or not know to you the reason you came to our office, the outcomes of testing, recommendations, nor any discussions that were made between you and our personnel without your written consent.
2. We will not provide personal information about you to any outside source. Your information including address, phone number, social security number, etc. will only be used by us to contact you or to file necessary insurance claims.
3. In addition to secured files, we use a database system that has been tested and has proven the highest levels of security which, in some cases surpass the government regulations for security.

Please sign that you have read our HIPAA Compliance information:

May we at Coweta Hearing Clinic contact you via phone, e-mail, or regular mail to inform you of your appointments, specials, and/or reminders?

yes

no