



Brilliant Smiles Engineered to Last

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HIPAA

Answers for

Notice of

Privacy

Practices

Questions

WHAT IS HIPPA?

Congress passed the Health Insurance Portability and Accountability Act (FHPPA) in 1996. It requires all health care providers to conform to a complex set of privacy, security and electronic transaction standards.

Q. What does this notice say?

A. The notice lets you know that we take the privacy of your confidential protected health information very seriously and describes how and when we may use or disclose it.

Q. Why do I have to sign an acknowledgement?

A. We need to keep track of who receives a copy of the notice, and this acknowledgement helps us do that.

Q. What happens if I won't sign the acknowledgement?

A. Nothing. If you don't want to sign it, we'll simply note in our files that you refused. But please keep a copy of the notice anyway.

Q. I already got a notice and signed an acknowledgement in another office, why do I need to do it again?

A. The privacy regulations require each office to give out a notice of privacy practices and obtain a signed acknowledgement from each patient. So even though you may have gotten one from another office, we need to have you sign an acknowledgement for our office as well.

Q. Why do you have to share my health information?

A. Sometimes we need to share your health information with other doctors who are treating you so that they have the information they need to give you the best care possible. We also need to share your information so that payment can be made for your treatment.

Q. Don't you need my permission before you can give out my health information?

A. We're not required to get your permission when we share health information for the specific reasons outlined in the *Notice of Privacy Practices* for treatment, payment of treatment, or other health care activities (such as the review of our staffs credentials) and when complying with certain laws.

Q. Do you ever need my permission to share my health information?

A. Yes, we need your written authorization to give out information at your request for purposes unrelated to our regular health care activities. An example would be someone requesting your health information for life insurance eligibility purposes. The authorization will explain specifically what information is being shared, with whom, why, and how long the authorization is valid.

Q. What if I refuse to let you share any of my health care information?

A. You have the right to request restrictions with whom we share your health information. You need to complete a written request to do this

Q. How can I get a copy of my medical record?

The privacy regulations have not changed your ability to obtain a copy of your records. You just need to complete a written request form, and we will proceed in a timely fashion.