



**EVAN S. HALPERN, DDS**  
PRACTICE LIMITED TO ENDODONTICS  
*A Professional Corporation*

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## HIPAA CONSENT FORM

The **Health Insurance Portability Accountability Act** of 1996 provides safeguards to protect your privacy. These safeguards include restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal information necessary to provide you or your family with treatment. HIPPA provides certain rights and protections to you as the patient. We must balance these needs with our goal to providing you with the quality service and care. For this reason, our practice has adopted the following policies:

1. patient information will be kept confidential except as is necessary to provide treatment or to ensure that all administrative matters related to your care are handled appropriately. Patient files may be stored in open file racks but will not contain any coding which identifies a patients condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left in administrative areas such as the front office, Doctor's office, etc. The patient agrees to the normal procedures utilized within the facility for the handling of charts, patient records, PHI and other documents or information.
2. It is the policy of our office to remind patients of their appointments. This may be done by telephoning patients or by any other means convenient for the practice.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to the patients PHI but agree to abide by the rules of confidentiality.
4. The patient understands and agrees to inspections of the office and the review of documents which may include PHI by government agencies or insurance companies during the normal performance of their duties.
5. The patient agrees to bring concerns or complaints regarding privacy to the attention of the Doctor or the office manager.
6. Your confidential information will not be used for purposes of advertizing or marketing of products, goods or services. Such prohibition does not include treatment/ product samples or goods of normal value.
7. The practice agrees to provide the patient with access to their records in accordance with state law.
8. The practice reserves the right to change, add, delete or modify any of these provisions to better serve the needs of both the patient and the practice.

I \_\_\_\_\_ do hereby agree to the terms set forth above and any subsequent changes in the (patient guardian)

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Print name of patient or guardian

Signature

Date