



Shenandoah Valley

IMPLANT INSTITUTE

Shenandoah Valley Implant Institute, LLC
119-A University Blvd, Harrisonburg, VA 22801

Office Phone: (540) 434-8575

Email Address: sviiimplants@yahoo.com

Website: www.implantdocs.us

Acknowledgement of Receipt of Notice or Privacy Practice

By signing this form I acknowledge that Shenandoah Valley Implant Institute, LLC has provided a copy of their Notice of Privacy Practices for my review. This Notice explains how my health information will be handled. HIPAA, the new Federal Law concerning my medical privacy requires this notice.

I understand I have a right to a paper copy of this Notice. Shenandoah Valley Implant Institute, LLC has given me the opportunity to ask any questions about this Notice, and all my questions have been answered.

(Patient's Signature or Guardian)

(Date)

Shenandoah Valley Implant Institute, LLC may discuss my medical information with:

Provider Use Only

If patient was not able to sign due to an emergency, or did not want to sign, please document if patient was given the notice and the reason why the patient did not sign below.

Patient was given the notice ____ Yes ____ No

Reason signature was not obtained _____

Staff Signature

Date



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HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Who Will Follow This Notice:

This notice describes how Shenandoah Valley Implant Institute, LLC practices. We may share information with each other for your care.

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care you receive at Shenandoah Valley Implant Institute, LLC to provide you with quality care and to comply with legal requirements. This notice will tell you about the ways in which we use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private. We give you this notice of our privacy practices with respect to your medical information, and follow the terms of the current notice.

How We May Use and Disclose Medical Information About You:

For Treatment. We may use information about you to provide you with medical treatment. We may disclose medical information about you to office staff and others involved in your care.

For Payment. We may use and disclose information about you for insurance and payment services.

For Health Care Operations. We may use and disclose information about you for practice operations to make sure that you receive quality care and for learning purposes.

Appointment Reminders. We may use and disclose information to contact you about appointments.

Phone Messages. We may call and leave messages with whoever answers the phone at your house or on your answering machine unless directed otherwise.

Treatment Alternatives. We may use and disclose information to tell you about treatment options.

Health-Related Benefits and Services. We may tell you about health-related benefits or services.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a Power of Attorney or individual who is involved with paying for your medical care with your written permission.

As Required By Law. We will disclose information about you when required to do so by law.

To Avert a Serious Threat to Health or Safety. We may use and disclose information about you to prevent a serious threat to your health and safety, the public or to another person.

Special Situations:

Organ and Tissue Donation. If you are an organ donor, we may release information to organ banks.

Military and Veterans. We may release information about military personnel as required.

Workers' Compensation. We may release information about you for workers' compensation.

Public Health Risks. We may disclose information about you for public health activities.

Health Oversight Activities. We may disclose information to a health oversight agency.

Lawsuits and Disputes. We may disclose information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request.

Law Enforcement. We may release information to a law enforcement official as required by law.

Coroners, Medical Examiners and Funeral Directors. We may release information to a coroner, medical examiner or funeral director as necessary.

National Security and Intelligence Activities and Protective Services for the President. We may release information about you to authorized federal officials for national security activities.

Inmates. We may release information about inmates to a correctional institution or law enforcement.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your medical information. This includes medical and billing records, but does not include psychotherapy notes. You must submit your request in writing to the Office Manager. We may charge a fee for the costs of copying. We may deny your request to inspect and copy. You may request that the denial be reviewed. Another neutral health care professional, not the person who denied your request, will review your request and the denial. We will copy with the outcome of the review.

Right to Amend. If you feel that your information is incorrect or incomplete, you may ask us to amend the information. You may request an amendment as long as the office has this information. Your request must include the reason, be made in writing and submitted to the Office Manager. We may deny your request if you ask us to amend information not created by us, unless the person that created the information is no longer available; is not part of the information kept by the practice; is not information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request a list of the accounting of disclosures we made of your medical information. You must submit your request in writing to the Office Manager. Your request must state a time period, not longer than six years, and indicate whether you want the list on paper or electronic. Your first requested list within a year is free.

Right to Request Restrictions. You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, and health care operations or to someone who is involved in your care or the payment for your care.

We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed in an emergency. You must make your request in writing to the Office Manager. You must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or location. You must make your request in writing to the Office Manager. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We have the right to deny your request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, ask the Office Manager at Shenandoah Valley Implant Institute, LLC.

Change to this Notice:

We reserve the right to change this notice and make the revised notice effective for information we already have about you as well as any further information. We will post a copy of the current notice in the office. Each time you register at the office we will offer you a copy of the current notice.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with Shenandoah Valley Implant Institute, LLC or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact the Office Manager. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Other Uses of Medical Information:

Other uses and disclosures of information not covered by the notice will be made only with your written permission. You may revoke that permission in writing at any time. Understand that we are unable to take back any permitted disclosures, and that we are required to retain records of your care.

Updated: March 2016