

The Office of Steven M. Orciuolo, D.D.S.

Explanation Statement

Dear Valued Patient,

The Department of Health and Human Services recently established the
Health Insurance Portability and Accountability Act (HIPAA)

This Federally Mandated Act requires compliance by all health-related facilities, including this dental office.

Compliance means that this office will:

1. Inform you (the patient) of your right to Protected Health Information, see Notice of Privacy Practices posted, or request a copy.
2. Obtain an Acknowledgment of Receipt of Notice of Privacy Practices
3. Obtain Consent for Use and Disclosure of Health Information

The patient may also revoke consent. This means that you (the patient) may decline disclosure of your protected health information. Without your (the patients) authorization, this office may not use your personal information: name, address, phone number, social security number, etc. Simply stated, without your consent this office may not be at liberty to process insurance claims, credit card payments or checks. This office cannot decline treatment.

Once signed by you (the patient) this office will be able to continue your dental needs and process your insurance/payment claims. Thank you for your understanding and loyal patronage.

Respectfully,

Dr. Orciuolo & Staff