

ADDENDUM TO NOTICE OF PRIVACY PRACTICES

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This addendum to the NOTICE OF PRIVACY PRACTICES sets forth additional privacy requirements. PLEASE REVIEW IT CAREFULLY. The privacy of your health information is important to us.

USES AND DISCLOSURES OF HEALTH INFORMATION

Healthcare Operations: We must have your written permission before we may use and disclose your health information in connection with healthcare operations other than management of our medical records and certain auditing and review activities by staff committees and review organizations.

To Your Family and Friends and Persons Involved in Your Care: We must have your written permission before we may disclose your health information, other than limited identifying information, to your family, friends, or other persons involved in your care.

Contact Officer: HIPAA Privacy Officer

Telephone: (319) 930-2166

Address: 1040 William St., Ste. D
Iowa City, IA, 52240

Additional consent for discussion with family/friends

I, _____ give my consent for Larry Hanus, D.D.S., or his staff, to discuss my care with my (spouse / parent / or other) _____.

This includes any correspondence over the phone regarding appointments.

Signed: _____ Date: _____

Consent to Leave Phone Messages:

I, _____ give my consent for Larry Hanus, D.D.S., or his staff, to leave brief phone messages regarding future appointments at any phone number I have given Larry Hanus, D.D.S. I understand that these confirmation calls are an important reminder of my appointment and the information contained in the messages will be brief (generally containing only the date, time and length of appointment unless other critical elements need to be communicated).

If consent is not given we cannot leave confirmation notifications. This could result in charges for failed appointments.

Signed: _____ Date: _____

Copy taken _____ Copy declined _____