**HIPAA Consent**

The Health Information Portability and Accountability Act of 1996 (HIPPA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. The Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by

HIPAA, we have prepared and explanation of how we are required to maintain the privacy of health information and how we may use and disclose your health information. If you would like a copy of the HIPAA Privacy Policy, please notify someone at the front desk to assist you.

I have read and understand the policy of Dr. Compton’s HIPAA Consent

\_\_\_\_\_\_\_\_\_\_\_Initial

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Signature Date

 **Insurance Policy**

As a courtesy to our patients, we do file your insurance for you. However, **it must be stressed that your** **insurance is a contract between you, your employer and the insurance company. We are not a third party to this contract** **unless you are a member of a PPO group in which Dr. Compton participates**. In such cases, we will handle your claims according to our agreement with the insurance company, if one exists. While we will do our best to help you receive your maximum benefits, we will not become involved in disputes between you and your insurance company regarding covered charges, secondary insurance, reasonable and customary determinations, etc. Not all services are covered by your plan and every plan is different. **If you have questions about your benefits, please call your insurance company.** It would be helpful for you to know your anniversary date, annual deductible and annual maximum, coverage percentages, and any wait periods.

**You are expected to pay the estimated portion of your fee before being seated at the time services are rendered. However, this is only an estimate.** If there is any difference after your insurance pays, we will send you a statement.

You are responsible for the timely payment of your account. If your insurance company has not paid your claim in full within 60 days, the balance and all follow-up with the insurance company becomes your responsibility. As a reminder, after 90 days we assign all accounts to a collection agency for processing.

**I hereby authorize payment of dental benefits otherwise payable to me to be paid directly to Dr. Alex K Compton, D.M.D furthermore; I realize that I am ultimately responsible for payment.**

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Signature Date