

HIPAA Policies Developed for Dental clinic

These policies have been developed for the Dental Clinic of Eastern International College to ensure compliance with the Health Insurance Portability and Accountability Act, effective April 14, 2003. The Dental Clinic is hereby named as the compliance officer to enforce requirements and receive complaints.

A writtenpolicy on security and privacy protocols is provided to all patients, and a signed copy is contained within each chart. These protocols are also posted prominently in the Dental Clinic.

Training sessions are held yearly for all staff to encourage compliance. All employees are informed of school HIPAA policies during orientation. A signed copy of student disclaimers acknowledging the receipt of this information is contained within each student's personal file. Violations of stated policies are outlined in our clinic manual and students are apprised of these repercussions during orientation.

Electronic safeguards on private client information include storing all records on a secure server. Access is limited to dental hygiene clinical faculty, staff and students. The program is password protected to further guarantee privacy. All charts are stored within locked filing cabinets in the dental hygiene clinic, which is locked and alarmed when not in use. Verbal communication, including health history interviews, is conducted chairside. This utilizes the privacy of the treatment area and the one-on-one ratio of student to patient/client to further assure confidentiality between clinician and patient.

Notice of privacy practices is posted in the dental hygiene clinic reception area. In cases of complaints or violation of policies, clients are directed to report to the clinical assistant and a log is kept of all complaints. Within 2 weeks of receiving a complaint, the clinic director will respond, in writing to the plaintiff.

Privacy protocol includes the following:

- You have the right to request restrictions on certain uses and disclosures of your health information.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location.
- You have the right to inspect and copy your health information, and correct any perceived errors.
- You have the right to receive an accounting of disclosures of your protected health information.
- You have the right to request a hard copy of this Notice of Privacy Practices.

Every reasonable effort will be made to protect the privacy of all of our patient/clients and to ensure that their personal information is communicated only to those who are intended to receive said information. There are no costs for access to, or requests for, copies of personal information, treatment records or radiographs.

Documentation of audits, training sessions and acknowledgements of receipt of policies are kept by the clinic director.

Patient Name (print):			
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Patient Signature:	Date:	 -	