

**M. Ihsan Kayali, D.D.S**  
**Periodontics & Implants Specialist**

1111 W. Covina Blvd, Suite 220  
San Dimas, CA 91773  
(909) 599-9510

219 E. Badillo St.  
Covina, CA 91723  
(626) 966-9971

**Patient Consent Office Policy**

HIPAA: The Health Insurance Portability and Accountability Act of 1996 provides safeguard to protect your privacy. These safeguards include restriction on who may see or be notified of your Protection Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you or your family with treatment. HIPAA provides certain right and protections to you as a patient. We must balance these needs with our goal to providing you with quality services and care. For this reason, our practice has adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide treatment or ensure that administrative matters related to your care are handled appropriately. Patient files may be stored in open file racks but will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left in administrative areas as front office, doctors' office's etc. The patient agrees to the normal procedures utilized within the facility for the handling of charts, PHI and other documents.
2. It is the policy of our office to remind patients of their appointments. This may be done by calling patients or by any means convenient for the practice.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but agree by rules of confidentiality.
4. The patient understands and agrees to inspection of the office and the review of documents, which may include PHI by government agencies or insurance companies during the normal performance of their duties.
5. The patient agrees to bring any concerns or complaints regarding privacy to the attention of Dr. Kayali, or the office manager.
6. Your confidentiality information will not be used for purposes of advertising or marketing of products, goods, or services. Such prohibition does not include treatment/product sample or goods of normal value.
7. The practice agrees to provide the patients with access to their records in accordance with state law.
8. The practice may change, add, delete or modify any of their provisions to better serve the needs of both the practice and the patient.

I \_\_\_\_\_ do hereby agree to the terms set above and any subsequent office policy. I understand that this consent shall remain in force as long as I am patient of Dr. Kayali.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date