

Richard L. Lachenmayr, DMD
HIPAA Release Form

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information.

Some health information related to the diagnosis, treatment, or referral for treatment of HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records may be subject to special federal confidentiality protections under 42 C.F.R. Part 2 ("Part 2 Records"). When applicable, Part 2 Records are afforded heightened protection and generally may not be disclosed without your specific written consent, except as permitted or required by law. If our practice receives or maintains records that are subject to 42 C.F.R. Part 2:

Such records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without a court order or your written consent, except as otherwise permitted by law. Redisclosure of these records is prohibited unless expressly permitted by federal law. Your consent for disclosure of Part 2 Records may be revoked at any time, except to the extent we have already relied on it. If our practice does not receive or maintain records subject to 42 C.F.R. Part 2, this section is included for informational and compliance purposes only.

I understand that I may withdraw or revoke my authorization at any time. I may revoke this authorization by notifying my practice in writing. I understand that by signing this Consent form, I am giving my consent to disclose and discuss my protected health information to carry out treatment, payment activities and health care operations. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about HIPAA or to file a complaint:
The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (tollfree)