



## **The Health Insurance Portability and Accountability Act (HIPAA)**

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996. The Administrative Simplification portion of HIPAA required the U.S. Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health data. The *Joy Anesthesia Notice of Privacy Practices* describes our policies in regard to HIPAA. This notice describes how medical information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully and sign below.

Yes, I've read Joy Anesthesia Services' Notice of Privacy Practices

Patient / Parent / Legal Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_