

## HIPAA Guidelines for University of Minnesota School of Dentistry Visitors

The University of Minnesota School of Dentistry is required by federal and state law to abide by all provisions set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA Privacy Rule, officially known as the Standards for Privacy of Individually Identifiable Health Information, established national standards to protect patient health information. HIPAA pertains to information in electronic, written, verbal, or any other media format.

As a visitor to the University of Minnesota School of Dentistry you may overhear or observe private health information (PHI) about our patients. You must read, understand, and agree to follow requirements to preserve the confidentiality of PHI and the privacy of patients at the School of Dentistry.

PHI consists of individually identifiable health information created or received by the School of Dentistry related to past, present, or future physical or mental health or condition; provision of health care to the individual; or past, present, or future payment for the provision of health care to an individual. Individual identifiers that are considered PHI include:

- Names
- Dates of treatment
- Telephone numbers
- Geographic data
- FAX numbers
- Social Security numbers
- Email addresses
- Medical record numbers
- Account numbers
- Health plan beneficiary numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers including license plates
- Web URLs
- Device identifiers and serial numbers
- Internet protocol addresses
- Full face photos and comparable images
- Biometric identifiers (i.e. retinal scan or fingerprints)
- Any unique identifying number or code

As a visitor to the School, you agree to the following:

- ❖ You will not seek access to private, personal information. If you do see protected information in passing, you will not discuss it with anyone in or outside of the school.
- ❖ You will not write, record, photograph, videotape, or use any other means to keep track of a patient's condition or care.
- ❖ You will not access, read, or review any patient records in paper or electronic form.
- ❖ You will not photocopy or print any part of a patient's chart or any material that contains a patient's name or other PHI.
- ❖ You will not communicate in any manner including mail, fax, e-mail, or verbal communication anything about a patient's medical condition or care to anyone.
- ❖ You will not access or look at any patient's medical record or personal information in paper or electronic form.
- ❖ You will not handle any materials or documents containing PHI.



Please enjoy your visit to the University of Minnesota School of Dentistry. We are proud of the students, residents, staff, and faculty who provide excellent dental care to all the patients who come to our clinics within Moos Tower and the surrounding community as well as our outreach clinics.

If you have any questions about the information in this document or concerns during your visit, please contact our Compliance Director, Catherine Harding-Rose, at 612-626-7820 or [hardi006@umn.edu](mailto:hardi006@umn.edu).

**Visitor Information:**

Name \_\_\_\_\_

Email \_\_\_\_\_

Date(s) of visit \_\_\_\_\_

Visitor Type:

- Prospective Student
- Dental Assisting Student
- Research Collaborator
- UMN Employee or Student
- Sales Representative
- Commercial Contract Site Visitor
- Volunteer
- Other

Area:

- Endodontics
- Oral & Maxillofacial Surgery
- Orofacial Pain
- Orthodontics
- Pediatric Dentistry
- Periodontics
- Prosthodontics

Signature \_\_\_\_\_

Date \_\_\_\_\_

By signing this form, I attest that I have received and understand the information pertaining to HIPAA privacy rules that apply to the patients at the University of Minnesota School of Dentistry.

**Approved By:**

Name \_\_\_\_\_

Email \_\_\_\_\_

Division \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_