

**Lamorinda ENT, Face and Neck Surgery**  
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**Patient Confidentiality Protocol**

**Purpose:** To preserve & protect the privacy and confidentiality of all patient health care information and to prevent civil or criminal prosecution for illegal disclosure of such information.

**Policy:** It is the policy of this office to ensure that health care information of all members is kept confidential.

**General Information:** It is the right of all members to receive full consideration and confidentiality with regard to all information and records about their care. Health plans reviewers acting as their agents, however, do have certain rights of access to patient medical information for quality-of-care-purposes.

**Responsibility:** This office maintains confidentiality of patient information

**Procedure:**

1. All employees, contractors, consultants, and anyone who may have access to individually identifiable Health care information (IIHI) will sign a statement not to disclose or release confidential information for any reason not medically indicated to any persons other than those legally authorized to receive them
2. Except when required in the regular course of business, the discussion, use, transmission, or narration, in any form, of any member information, which is obtained in the regular course of job functions, is strictly forbidden.
3. Temporary placement of member records in unattended areas shall be avoided and all records are to be maintained in secured files and in a manner that allows access to authorized individuals only.
4. Facsimile transmission of member data should be limited to documents necessary for the purpose of completing a transaction or communicating specific member data to an authorized individual to whom it is addressed.

Signature of Patient (or Legal Guardian if Patient is a Minor): \_\_\_\_\_

Today's Date: \_\_\_\_\_