



**Notice to the orthodontist or health service provider (“HSP”) as regards Implementation of the Health Insurance Portability and Accountability Act, (“HIPAA”),**

**Dear cephX Subscriber,**

As a general rule the cephX relationship with a patient is considered an indirect relationship and the HIPAA regulations do not require cephX to get the patient’s permission.

However to comply with the spirit of HIPAA and to assure our customers that we have and will continue to take reasonable steps to protect patient confidentiality we have done the following:

- 1 Posted a detailed clarification of the **Privacy Notice** for the patient containing the following
  - a The type of patient information we receive and what is done with that information
  - b The parties that may access the information
  - c Information security
- 2 Specimen consent form for **Transfer Patient Record Request**

The Privacy Notice can be viewed on our website at [www.cephx.com/hipaa/cephX\\_hippa.pdf](http://www.cephx.com/hipaa/cephX_hippa.pdf) and provides names and phone numbers a patient can call (if they so desire) to learn who has accessed their information and to request that access to their information be limited

**File security –**

cephX believes the risk of any inadvertent disclosure of patient information has been eliminated by the following:

1. cephX’s digital data are stored on our secure server using SSL 128 bits. This server utilizes protection software that is designed to prevent access by parties who do not have a username and password. This password is activated at the time of registration of your account with us and should only be known to you.
2. You can generate an additional username and password for any patient to allow access to that patient’s record by a professional colleague for consultation purposes. This second password can be revoked by you at any time
3. A third username and password can be generated by you in order allow the patient access to his/her own record.

We hope this addresses any concerns but should you have further questions please contact cephX customer service at 1-800-992 1499 and ask for the Customer Service Manager.



### Transfer Patient Record Request

cephX Inc.

7500 West Lake Mead Blvd #9-377  
LAS VEGAS NV 89128  
USA

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

Patient cephX Code number \_\_\_\_\_

Transfer To Doctor/Office Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Transferring Doctor/Office Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Transferring Doctor Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above, I request that the record(s) on file at cephX Inc, for the patient listed be transferred to the clinician/office identified above.

Upon completion please FAX this request to 1-452-491 2871