

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: _____

OUR LEGAL DUTY

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect

Protected health information includes information that identifies you and relates to your dental or health condition, treatment, or payment for services.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment: We may use or disclose your health information to provide, coordinate, or manage your dental care.

Example: Sharing information with specialists, labs, or other healthcare providers involved in your care.

2. Payment: We may use or disclose your health information to obtain payment for services provided.

Example: Submitting claims to your dental or medical insurance plan.

3. Health Care Operations: We may use or disclose your health information for practice operations, including quality assessment, staff training, licensing, and administrative activities.

SUBSTANCE USE DISORDER (SUD) RECORDS — SPECIAL PRIVACY PROTECTIONS

Some health information related to substance use disorder (SUD) diagnosis, treatment, or referral may be protected by **federal law (42 CFR Part 2)** and receive **additional confidentiality protections**.

Important information about SUD records:

- We **may not use or disclose** SUD records for treatment, payment, or healthcare operations **without your written consent**, except as permitted by law.
- These records **will not be used or disclosed** in any civil, criminal, administrative, or legislative proceeding against you **without your written consent or a court order**.
- If state or federal laws are more restrictive than HIPAA, **those stricter laws will apply**.

REDISCLASURE NOTICE

If your health information is disclosed as permitted by law, the recipient may redisclose the information, and it **may no longer be protected by HIPAA**.

FUNDRAISING COMMUNICATIONS (If Applicable)

We will not use information protected under 42 CFR Part 2 for fundraising without giving you the opportunity to **opt out** of such communications.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- **Inspect and obtain a copy** of your health records
- **Request corrections** to your health information
- **Request restrictions** on certain uses or disclosures
- **Request confidential communications**
- **Receive a paper copy** of this Notice at any time
- **Be notified** if your unsecured health information is breached

OTHER USES AND DISCLOSURES

Any uses or disclosures of your health information not described in this Notice will be made **only with your written authorization**. You may revoke an authorization at any time in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make the new Notice apply to all health information we maintain. The revised Notice will be available in our office and on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Practice Manager:

Name: _____

Phone: _____

Or with the U.S. Department of Health and Human Services:

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-800-368-1019 | www.hhs.gov/ocr

We will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I received a copy of this Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Date: _____

