

This notice describes how we may use, disclose your protective to carry out treatment, payment, or health care operation and for other purposes that are permitted or required by law, and also how you can get access to this information. Please review it carefully.

How We May Use and Disclose Your Protected Health Information

For treatment

We will use and disclose your protected health information to provide, coordinate, or manage your dental treatment. We may also disclose protected health information to other physicians who may be treating you.

For payment

Your protected health information will be used, as needed, to obtain payment for your dental services. This may include making predetermination of eligibility or coverage for dental benefits.

Appointment Reminders/Treatment alternatives/Dental-related Benefits and Services

We may use and disclose your protected health information to contact you to remind you that you have an appointment for dental treatment, or to contact you to tell you about possible treatment options or alternatives or dental related benefits and services that may be of interest to you.

Plan Sponsor

If your coverage is through an employer sponsored group dental plan, we may share protected health information with your plan sponsor.

Required by Law

We may use or disclose your health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Business Associates

We may disclose your protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Abuse or Neglect

We may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Worker's Compensation

Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

For Data Breach Notification Purpose

We may use or disclose your protected health information to provide legally required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan, if applicable, through which you receive coverage.

Substance Use Disorder Records (42 CFR Part 2)

Certain health information related to substance use disorder (SUD) diagnosis, treatment, or referral for treatment is protected by additional federal confidentiality requirements under 42 CFR Part 2, in addition to the protections provided by HIPAA. Records related to SUD treatment maintained by federally assisted SUD treatment programs generally may not be used or disclosed without your written authorization unless otherwise permitted by law. In most circumstances, your written consent is required before we can share these records for purposes such as treatment, payment, health care operations, or with other providers. You may revoke your authorization at any time in writing, except to the extent that action has already been taken in reliance on the authorization. Federal law prohibits recipients of SUD treatment information from redisclosing that information unless further disclosure is expressly permitted by your written authorization or as otherwise permitted by law.

Your Rights Regarding Health Information About You

- You have the right to inspect and copy your protected health information.
- You have the right to request a restriction of your protected health information.
- You have the right to restrict information given to your third-party payer if you fully pay for the services out of your pocket.
- You have the right to request to receive confidential communications from us by alternative means or at location.
- You may have the right to receive notice of a security breach.

HIPPA Notice of Privacy Practice Acknowledgement

I acknowledge that I have seen the HIPPA Notice of privacy and have had an opportunity to read it and obtain a copy of it.

Signature _____

Printed Name _____

Today's Date _____