HIPAA NOTICE OF PRIVACY PRACTICES

Effective January 16, 2026

THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on 4/14/03. Many of the policies have been our practice for years. The full NPP is available at www.hhs.gov.

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, will remain in effect unless we replace it

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

- **Treatment**: We may use or disclose your health information to provide, coordinate, or manage your dental care.
- **Communication**: It is the policy of this office to remind patients of their appointments. We may do this by text, phone call, e-mail, U.S Mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
- **Payment**: We may use or disclose your health information to obtain payment for services.
- **Healthcare operations**: We may use or disclose information for office operations such as quality assessment, training staff, business management, audits or compliance activities. It will be necessary to share your information with other healthcare providers, laboratories, health insurance payers.

OTHER USES AND DISCLOSURES

We may disclose your information when required by law.
- **Public health and safety**: Information may be disclosed for public health activities or to prevent serious threats to health or safety.
- **Business associates**: We may share information with trusted vendors who assist our practice.
- **Family, friends and others involved in your care or payment for care:** We may disclose your medical information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose only the medical information that is relevant to the person's involvement.

USES AND DISCLOSURES THAT REQUIRE AUTHORIZATION

We will not use or disclose your information for purposes not described unless you provide written authorization. We will not use or disclose your PHI to investigate or prosecute the seeking, obtaining, providing, or facilitating of reproductive health care that is lawful under the circumstances in which it is provided.

REDISCLOSURE NOTICE

Information disclosed pursuant to this Notice may be subject to redisclosure by the recipient and may no longer be protected by HIPAA.

Special protections for SUD records: Substance Use Disorder (SUD) Treatment records have enhanced protections. They cannot be used in legal proceedings without your consent or court order.

If use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.
We are required by law to notify you if there is a breach of your unsecured protected health information.

YOUR RIGHTS

1. You have the right to access, amend, receive an accounting of disclosures, request restrictions, request confidential communications, and receive a paper copy of this Notice.
2. You have a right to see and receive a copy of your health records.
3. You may decide if you want to give your Authorization before your health information may be used or shared for certain purposes, such as marketing. It is the policy of our office NOT to sell or disclose your information to any outside firms or business partners. Your information may be used, only within our office, for the purposes of presenting to you certain products or services which our dentist(s) or staff feel may present a benefit for you, your oral health or happiness with your smile.
4. You have the right to restrict who receives your information.
5. You have the right to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor; contact Ashley/Steven Kellett at 812-847-8646.
6. You have the right to opt out of fundraising activities.
7. If you believe your rights are being denied or your health information is not being protected, you can:
    - File a complaint with your provider or health insurer
    - File a complaint with the U.S. Government, via the HHS Office for Civil Rights Portal

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make it effective for all PHI we maintain.

Signature acknowledging the receipt of this notice: _____

I give my permission to have any and all of my PHI to be released to…

Example: Spouse, Parent, Guardian, Relative, Friend, Etc.

Records Recipient Name:_____ Relationship to Patient:_____

Records Recipient Name:_____ Relationship to Patient:_____

This also allows them to be in the office while treatment is performed.

OR

☐ **I do not wish to have my information released to anyone.**

Sign below to give authorization to release information to a third party. *You have the right to revoke this authorization in writing at any time, except to the extent that we have already taken action based on it* **:**

_____ _____

Signature of Patient of Patient/Guardian Date

This authorization is valid for 3 years from the date above or until the patient is no longer active.