

HIPAA NOTICE OF PRIVACY PRACTICES

Updated April 20, 2025

OUR OBLIGATIONS

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you. Except for the purposes described below, we will use and disclose Health Information only with your written consent. You may revoke such consent at any time.

- **For Treatment:** We may use and disclose health information for your treatment and in order to provide you with treatment-related health care services. For example, we may disclose information to dental specialists, doctors, or other personnel, including people outside our office, who are involved in your care and need the information to provide you with dental or medical care.
- **For Payment:** We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received.
- **Appointment reminders:** We may use and disclose Health Information to contact you to remind you that you have an appointment with us.
- **When appropriate,** we may share health information with a person who is involved in your care or payment for your care, such as a family member. We also may notify your family about your location or general condition to an entity assisting in a disaster relief effort.
- **Research:** Under certain circumstances, we may use health information for research. We may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any health information.

SPECIAL SITUATIONS:

- **As Required by Law:** We will disclose health information when required to do so by international, federal, state or local law.
- **For Safety:** We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures will be made only to someone who may be able to help prevent the threat.
- **Business Associates:** We may disclose health information to business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, a company who performs billing services. 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.
- **Military and Veterans:** If you are a member of the armed forces, we may release health information as required by military command authorities.
- **Workers' Compensation:** We may release health information for workers' compensation or similar programs who provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose health information for public health activities such as disease control, child abuse or neglect, reactions to medications.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes:** We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process, after efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release health information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location

of the crime or victims, or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner, such as to identify a deceased person.
- **National Security and Intelligence Activities:** We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization or consent. If you do give us an authorization, you may revoke it at any time by submitting a written revocation.

YOUR RIGHTS

You have the following rights regarding health information we have about you:

- **Right to Inspect and Copy:** You have a right to inspect and copy health information that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your health information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal benefit program.
- **Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured health information.
- **Right to Amend:** If you feel that health information we have is incorrect or incomplete, you may provide us with a written request to amend the information.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request, in writing, a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. If you paid for a treatment out-of-pocket you may ask that it not be disclosed to a health plan for purposes of payment or health care operations.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location, such as ask that we only contact you by mail or at work.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.

HIPAA

PATIENT CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent.

KinderSmile Community Oral Health Center provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- KinderSmile Community Oral Health Center has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- KinderSmile Community Oral Health Center reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the uses of their information but KinderSmile Community Oral Center does not have to agree to the restrictions.
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease.
- KinderSmile Community Oral Health Center may condition receipt of treatment upon the execution of this Consent.

The Consent was signed by: _____

Printed Name of Patient or Representative: _____

Signature Date: _____

Relationship to Patient (if other than patient): _____