



## HIPAA Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed, and how you can get access to this information.

### I. Dental Practice Covered by this Notice

This notice includes the privacy practices of Village Dental, PLLC. “We” and “our” indicate the dental practice. “You” and “your” indicate the patient. “Health information” indicates personal information provided by the patient.

### II. How to Contact Us & Out Privacy Officer

If you have any questions or would like further information about this notice, you can contact our office and a team member will direct you to our Health Insurance Portability Accountability Act (HIPAA) Privacy Officer.

### III. Legan Obligations & Our Promise to You

The privacy of your health information is of utmost importance to us. We understand that your health information is personal, and we are committed to protecting it. This notice is meant to describe how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes permitted or required by law. It also describes your right to access and control your protected health information.

We are required by law to maintain the privacy of your protected health information, keep this notice of our legal duties and privacy practices with respect to that information available, and abide by the terms of this notice, as described.

### IV. Last Revision Date

This Notice was last revised on December 21, 2023.

### V. How We May Use or Disclose Your Health Information

The following examples describe different ways we may use or disclose your health information and is not meant to be exhaustive. We are permitted by law to use and disclose your health information for the following purposes:

1. **Treatment** | We may use your health information to provide you with dental treatment or services, such as cleaning, examination, and performing dental procedures. We may disclose health information about you to dental specialists, physicians, pharmacists, or other health care professionals involved in your care.
2. **Payment** | We may use and disclose your health information to obtain payment from health plans and insurers for the care that is provided to you in our office.
3. **Health Care Operations** | We may use and disclose health information for review of our treatment and services, training, evaluating the performance of our team and health care professionals, quality assurance, financial or billing audits, legal matters, and business planning and development.
4. **Appointment Reminders** | We may use or disclose your health information when contacting you via mail, phone call, text, or email.
5. **Treatment Alternatives and Health-Related Benefits and Services** | We may use and disclose your health information to inform you of treatment options, alternatives, or health-related benefits and services that may be beneficial to you.



## **VI. Your Health Information Rights**

You have the following rights with respect to certain health information that we have about you (information in a Designated Record Set as defined by HIPAA). To exercise any of these rights, you must submit a written request to our Privacy Official.

1. **Right to Access and Review** | You may request to access and review a copy of your health information. A copy of your health information will be provided in an electronic format, if readily producible. Otherwise, information will be provided as a hard copy, or in any other format that is mutually agreeable. If your health information is included as an electronic health record, you have the right to obtain a copy of it in an electronic format and request that it be sent to any person or entity as designated in writing by you.
2. **Right to Amend** | If you believe that your health information is incorrect or incomplete, you may request that we amend it.
3. **Right to a Paper Copy of this Notice** | You have the right to a paper copy of this notice. You may ask us to give you a paper copy of this notice at any time.
4. **Right to Receive Notification of a Security Breach** | In the event of a security breach in our office, we are required by law to notify you of the incident within sixty (60) days. Such an event is considered a security breach when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of your health information.

## **VII. Protections for HIV, Alcohol and Substance Abuse, Mental Health, & Genetic Information**

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including information related to HIV, alcohol and substance abuse, mental health, and genetics. For example, a health plan is not permitted to use or disclose genetic information for underwriting purposes. If your treatment involves this information, you may contact our office for more information about these protections.

## **IX. Our Right to Change Our Privacy Practices and This Notice**

We reserve the right to change the terms of this Notice at any time. Any change will apply to current and future health information obtained. We will promptly revise this notice when there is a material change to the uses and disclosures, individual's rights, our legal duties, or other privacy practices discussed. A copy of the revised notice will be posted and provided upon request.