

HIPAA Notice of Privacy Practices

Effective Date: January 28, 2025

Scottsburg Family Dentistry is committed to protecting your privacy and ensuring the security of your personal and health information.

THIS NOTICE DESCRIBES HOW WE COLLECT, USE, DISCLOSE, AND PROTECT YOUR INFORMATION IN ACCORDANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AND OTHER APPLICABLE LAWS. PLEASE REVIEW IT CAREFULLY.

Your Rights

As a patient, you have the rights regarding medical information that we maintain about you:

1. **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your health information that may be used to make decisions about your benefits under the applicable plans. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. If the Plans do not maintain the health information, but know where it is maintained, you will be informed of where to direct your request.

1. **Right to Amend Your Records:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for your benefit plan.

You also must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend any of the following information:

- Information that is not part of the health information kept by or for your benefit plan.
- Information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Information that is not part of the information which you would be permitted to inspect and copy.

- Information that is accurate and complete.
- 1. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health related matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, by phone, or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- 2. **Right to Request Restrictions on Use or Disclosure:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had.

We are not required to agree to your request. If your benefit plan does agree to a request, a restriction may later be terminated by your written request, by agreement between you and your benefit plan, or unilaterally by your benefit plan for health information created or received after your benefit plan has notified you that they have removed the restrictions and for emergency treatment.

To request restrictions, you must make your request in writing and must tell us the following information:

- What information you want to limit.
- Whether you want to limit our use, disclosure, or both.
- To whom you want the limits to apply (for example, disclosures to your spouse).

We will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to your benefit plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

1. **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures” (that is, a list of certain disclosures the Plans have made of your health information). Generally, you may receive an accounting of disclosures if the disclosure is required by law, made in connection with public health activities, or in situations similar to those listed herein as permitted disclosures. You do not have a right to an accounting of disclosures where such disclosure was made:
 - For treatment, payment, or health care operations.
 - To you about your own health information.
 - Incidental to other permitted disclosures.
 - Where authorization was provided.

- To family or friends involved in your care (where disclosure is permitted without authorization).
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances.
- As part of a limited data set where the information disclosed excludes identifying information.

To request this list or accounting of disclosures, you must submit your request, which shall state a time period that is not longer than six years ago. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Notwithstanding the foregoing, you may request an accounting of disclosures of any “electronic health record” (that is, an electronic record of health-related information about you that is created, gathered, managed, and consulted by authorized health care providers and staff). To do so, however, you must submit your request and state a time period, which may be no longer than three years prior to the date on which the accounting is requested. In the case of any electronic health record created on your behalf, this paragraph shall apply to disclosures made on or after the date we acquired the electronic health record.

1. **Right to Receive a Copy of this Notice:** You have the right to request a copy of this notice in print or electronic form at any time.

For a detailed explanation of your rights, visit the [HHS Consumer Rights Page](#).

How We Collect Information

At Scottsburg Family Dentistry, we may collect:

- **Personal Information:** Name, contact details, and insurance information.
- **Health Information:** Medical and dental history, diagnoses, treatment plans, and billing details.
- **Technology-Based Information:** IP addresses, cookies, and online analytics when you interact with our website.

We gather this information through forms, direct interactions, third-party providers (such as insurance companies), and electronic communications.

No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

How We May Use and Disclose Health Information About You

HIPAA generally permits the use and disclosure of your health information without your permission for purposes of health care treatment, payment activities, and health care operations. These uses and disclosures are more fully described below. This Notice does not list every use or disclosure; instead it gives examples of the most common uses and disclosures.

1. **Treatment:** When and as appropriate, we may use or disclose health information about you to facilitate treatment or services by health care providers, as well as to provide and manage your dental care. We may disclose health information about you to healthcare providers.
2. **Payment:** When and as appropriate, we may use and disclose health information about you to determine your eligibility for plans' benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility and coverage under benefit plans, or to coordinate your coverage. For example, we may disclose information about your health history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to decide if your benefit plan will cover the treatment. Additionally, we may share health information with another entity to assist with the adjudication or subrogation of health claims, or with another health plan to coordinate benefit payments.
3. **Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, for improving services, scheduling appointments, and quality assurance.
4. **Legal Requirements:** We may use or disclose your protected health information in the following situations without your authorization: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, criminal activity, inmates, military activity, national security, and Workers' Compensation. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

We will always try to ensure that the health information used or disclosed is limited to a "Designated Record Set" and to the "Minimum Necessary" standard, including a "limited data set," as defined in HIPAA and ARRA for these purposes. We may also contact you to provide information about treatment options or alternatives or other health-related benefits and

services that may be of interest to you. We will **never sell or share your information** for marketing purposes without your explicit written consent.

The privacy laws of a particular state or other federal laws might impose a more stringent privacy standard. If these more stringent laws apply and are not superseded by federal preemption rules under the Employee Retirement Income Security Act of 1974 (ERISA), the benefit plans will comply with the more stringent law.

Our Commitment to Privacy

Scottsburg Family Dentistry takes patient privacy seriously and implements the following safeguards:

- Use of secure, encrypted electronic health record (EHR) systems.
 - Employee training on HIPAA compliance and patient confidentiality.
 - Regular review of privacy practices and security protocols to prevent unauthorized access.
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Cookies and Online Technology

When you visit our website, we may use cookies and similar technology to improve your experience and understand website usage. This information is used solely to enhance site functionality and is never sold or shared with unauthorized parties.

Questions or Concerns? Contact Us

If you have any questions, concerns, or complaints regarding your privacy or this Notice, you may contact:

Scottsburg Family Dentistry

1366 N Gardner St, Scottsburg, IN 47170
(812) 752-3524

We are here to address your concerns promptly. Filing a privacy complaint will not affect the quality of care you receive at Scottsburg Family Dentistry.

Complaint: You can file a complaint if you feel we have violated your rights, with the office at the address above, or with the Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, SW, Room 509F HHH Bldg., Washington, D.C.

20201, calling 1-877-696-6775, or by visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.