

# SOUTHWEST DENTAL CARE

## HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

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THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect our legal obligation to keep health information that identifies you private. We are required by law to maintain the privacy and security of your Protected Health Information (PHI), provide you with this Notice, follow its terms currently in effect, and notify you promptly if a breach occurs.

**TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS:** The most common reasons we use or disclose your information are for treatment, payment, or health care operations.

- Treatment examples include: scheduling appointments; examining your teeth; taking radiographs; prescribing medications; transmitting prescriptions to pharmacies; referring you to specialists; consulting laboratories; and obtaining prior health records.
- Payment examples include: verifying coverage; preparing and sending claims; obtaining prior authorizations; billing; and collecting unpaid balances directly or through collection agencies or attorneys.
- Healthcare operations include financial or billing audits; internal quality assurance; personnel decisions; managed care participation; defense of legal matters; business planning; outside storage of records; regulatory compliance; and cybersecurity monitoring.

**SUBSTANCE USE DISORDER (SUD) SCREENINGS & PROTECTIONS:** Providers may conduct screenings for substance misuse or addiction risk when clinically appropriate. Records relating to SUD treatment may be protected under 42 CFR Part 2 and may require specific written authorization for disclosure unless otherwise permitted by law.

**REPRODUCTIVE HEALTH INFORMATION PROTECTIONS:** We comply with federal and applicable state protections for reproductive healthcare information and will not disclose such information for investigative or punitive purposes where care was lawfully obtained.

**PREGNANCY SAFETY PROTOCOLS:** If pregnancy is disclosed, we implement ergonomic adjustments, ALARA radiation principles, lead shielding, minimized non-essential radiographs, digital imaging, nitrous oxide scavenging systems, and alternative anesthetic options when appropriate.

**USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION:** In certain limited situations, the law allows or requires us to use or disclose your health information without your

permission. These situations include:

- When state or federal law mandates reporting for a specific purpose, including public health reporting of contagious diseases, investigations, surveillance, and notices to and from the Food and Drug Administration regarding drugs or medical devices.
- Disclosures to governmental authorities concerning victims of suspected abuse, neglect, or domestic violence.
- Health oversight activities, such as licensing inspections, audits by Medicare or Medicaid, and investigations of possible violations of healthcare laws.
- Judicial and administrative proceedings, including compliance with court orders, subpoenas, or administrative agency requests.
- Law enforcement purposes, including identifying or locating a suspect, fugitive, material witness, or missing person, reporting crimes occurring on our premises, or responding to other lawful requests.
- Disclosures to medical examiners to identify a deceased person or determine cause of death, and to funeral directors as necessary for burial arrangements.
- Organ or tissue donation organizations as permitted by law.
- Uses and disclosures for health-related research as permitted or required by law.
- To prevent or lessen a serious threat to health or safety of a person or the public.
- Specialized government functions including military activities, national security, protective services for the President, or foreign service medical suitability determinations.
- Disclosures of de-identified information that does not identify you.
- Disclosures relating to workers' compensation programs.
- Disclosures of a limited data set for research, public health, or healthcare operations.
- Incidental disclosures that are an unavoidable by-product of otherwise permitted uses or disclosures.
- Disclosures to business associates who perform services for us and agree to safeguard your information.

Unless you object, we may also share relevant information with family members or friends involved in your dental care.

**APPOINTMENT REMINDERS:** We may contact you by phone, voicemail, text message, email, or mail regarding appointments or treatment options unless you request otherwise.

**OTHER USES AND DISCLOSURES:** Any use or disclosure not described in this Notice requires your written authorization. You may revoke authorization in writing at any time unless we have already relied upon it.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:**

- **Right to Request Restrictions:** You may request restrictions on uses or disclosures for treatment (except emergency treatment), payment, or healthcare operations. We are not required to agree, but if we do, we will honor the restriction.
- **Right to Request Confidential Communications:** You may request that we communicate with you in a confidential manner (such as contacting you at work instead of home or sending mail to a different address). We will accommodate reasonable requests and may charge for additional costs.
- **Right to Access Records:** You may inspect or obtain copies of your records within 30 days of your written request (60 days if stored off-site). We may take one additional 30-day extension with written notice. A reasonable cost-based fee applies. Our standard fee is \$30.00. If we deny access, we will provide a written explanation and information about your right to request a review where applicable.
- **Right to Request Amendment:** If you believe information is incorrect or incomplete, you may request an amendment. We will respond within 60 days (with one permitted 30-day extension). If we deny the request, you may submit a written statement of disagreement which will be included in your record.
- **Right to Accounting of Disclosures:** You may request a list of certain disclosures made in the past six years. The list will not include disclosures for treatment, payment, healthcare operations, or certain other permitted disclosures. You are entitled to one free accounting per year; additional requests may incur a reasonable fee. We will respond within 60 days (with one permitted 30-day extension).
- **Right to Paper Copy:** You may obtain additional paper copies of this Notice at any time.

**CYBERSECURITY SAFEGUARDS:** We maintain administrative, technical, and physical safeguards including encrypted electronic dental records, secure transmission protocols, mandatory Multi-Factor Authentication (MFA), role-based access controls, secure password policies, secure backups, staff training, risk assessments, and breach detection procedures.

**BREACH NOTIFICATION:** If unsecured PHI is compromised, we will notify affected individuals without unreasonable delay in accordance with federal and state law.

**COMPLAINTS:** If you believe your privacy rights have been violated, contact: Privacy Officer: Ronda York, Phone: 573-634-4909. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

# ACKNOWLEDGEMENT OF RECEIPT

## HIPAA NOTICE OF PRIVACY PRACTICES

Please initial the following statements:

\_\_\_\_ I understand and acknowledge my rights as detailed in this HIPAA Notice of Privacy Practices.

\_\_\_\_ I understand and consent to my health information being used as described.

\_\_\_\_ I authorize the practice to disclose my information to the parties listed below.

Due to HIPAA regulations, I hereby authorize the following names of those listed below to discuss and participate in my dental care (names of family members/friends who may be calling on your behalf should be listed; it is not necessary to list doctors' names). I understand that if the names are not listed below, the office of Southwest Dental Care cannot release any information.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_