

## **SHUTT COMPREHENSIVE FAMILY DENTISTRY**

### **NOTICE OF PRIVACY PRACTICES (PROTECTED HEALTH INFORMATION – HIPAA)**

This Notice describes how your protected health information (PHI) may be used and disclosed and how you can access this information. Please review it carefully. We are required by federal law (HIPAA) to maintain the privacy and security of your PHI and to provide you with this Notice of our legal duties and privacy practices.

#### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

##### **1. Treatment**

We may use and disclose your PHI to provide, coordinate, or manage your dental care. This includes sharing information with other healthcare providers involved in your treatment.

##### **2. Payment**

We may use and disclose your PHI to obtain payment from your insurance company or a third party. This may include submitting claims, pre-authorizations, or verifying coverage.

##### **3. Healthcare Operations**

We may use and disclose your PHI for practice operations such as quality assessment, staff training, licensing, accreditation, and audits.

##### **4. Appointment Reminders & Communications**

We may contact you by phone, text, email, or mail regarding appointments, treatment recommendations, or administrative matters.

##### **5. Required or Permitted by Law**

We may disclose PHI when required by federal, state, or local laws, including public health reporting, law enforcement, workers' compensation, or compliance programs.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

##### **• Right to Access**

You may request to view or obtain a copy of your health record.

##### **• Right to Amend**

You may request corrections to your health information if you believe it is inaccurate or incomplete.

##### **• Right to Request Restrictions**

You may request limitations on how we use or disclose your PHI. We are not required to agree to all restrictions.

##### **• Right to Confidential Communications**

You may request that we contact you in a specific way (e.g., home phone, alternative address).

• **Right to an Accounting of Disclosures**

You may request a list of certain disclosures we have made of your PHI.

• **Right to a Paper Copy of This Notice**

You may request a paper copy of this Notice at any time.

**CHANGES TO THIS NOTICE**

We reserve the right to change this Notice at any time and will post the current Notice in our office. Updated versions will be available upon request.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with:

- Shutt Comprehensive Family Dentistry
- The U.S. Department of Health and Human Services (HHS)

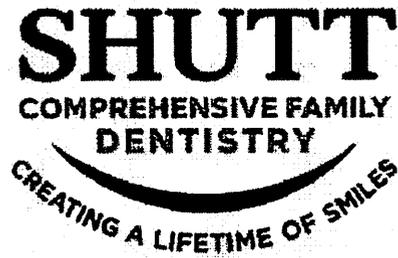
You will not be penalized for filing a complaint.

**ACKNOWLEDGMENT OF RECEIPT**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Printed Name

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



## Privacy Update

Federal confidentiality rules for substance use disorder treatment records under **42 CFR Part 2** have been updated to align more closely with the **Health Insurance Portability and Accountability Act (HIPPA)**.

These changes strengthen privacy protections while allowing appropriate information sharing with patient consent. We remain committed to protecting your health information in full compliance with federal law.