

## NOTICE OF PRIVACY PRACTICES

Effective Date: March 26, 2026

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) and the 2024 HIPAA/Part 2 Final Rule require that all health care records and other individually identifiable health information (Protected Health Information or PHI) used or disclosed to us in any form be kept confidential. This federal law gives you, the patient, significant rights to understand and control how your health information is used.

### **1. Standard Uses and Disclosures (Treatment, Payment, & Operations)**

Without specific written authorization, we are permitted to use and disclose your PHI for the following purposes:

- **Treatment:** Providing, coordinating, or managing health care and related services. Examples include crowns, fillings, teeth cleaning services, and specialist referrals.
- **Payment:** Activities such as obtaining reimbursement for services, confirming insurance coverage, billing, or collection activities. An example is billing your dental plan for services rendered.
- **Health Care Operations:** Business aspects of running our practice, such as conducting quality assessments, auditing functions, cost-management analysis, and customer service.

### **2. Special Protections for Substance Use Disorder (SUD) Records**

In accordance with federal law (**42 CFR Part 2**) as updated for 2026 compliance:

- **Enhanced Consent:** Most uses and disclosures of SUD records require your specific written consent, except in medical emergencies or for specific health oversight activities.
- **Legal Proceedings:** SUD records may not be used in any civil, criminal, administrative, or legislative proceedings against you without a specific court order or your express written consent.
- **Redisclosure Warning:** Information disclosed with your consent may be subject to "redisclosure" by the recipient. Once redisclosed, this info may no longer be protected by federal privacy rules.

### 3. Communications and Fundraising

- **Appointment Reminders:** We may contact you (by phone, text, email, or mail) to remind you of appointments or provide information about treatment options or finances/Billing You have the right to **opt-out** of these communications at any time.
- **Fundraising:** If we contact you for fundraising purposes, you have the right to **opt-out** of receiving such communications.

### 4. Other Permitted Uses and Disclosures

We may disclose your PHI without your authorization in the following "Public Interest" situations:

- **Required by Law:** When federal, state, or local law mandates disclosure.
- **Public Health & Safety:** To authorities authorized to collect information, or to prevent a serious threat to your health/safety or that of another individual.
- **Legal & Law Enforcement:** In response to a court order, subpoena, discovery request, or if requested by law enforcement as required by law.
- **Specialized Government Functions:** For military/veterans' activities, national security, or to correctional institutions if you are an inmate.
- **Post-Mortem:** To medical examiners, coroners, or funeral directors to perform their duties.
- **Organ Donation:** To organizations that handle organ or tissue procurement if you are a donor.
- **Workers' Compensation:** For programs providing benefits for work-related injuries.

### 5. Your Individual Rights

You have the following rights regarding your PHI, which you may exercise via written request:

- **Right to Request Restrictions:** You may ask us to limit certain uses and disclosures. While we are not always required to agree, if we do, we must abide by it.
- **Right to Confidential Communications:** You may request to receive info by alternative means (e.g., a specific email) or at alternative locations.
- **Right to Access:** You have the right to inspect and copy your health records.

- **Right to Amend:** You may request a correction to your records if you believe they are inaccurate.
- **Right to an Accounting:** You may request a list of disclosures made outside of treatment, payment, and operations.
- **Right to a Paper Copy:** You may obtain a paper copy of this notice at any time.

## **6. Our Duties and Complaints**

We are required by law to maintain the privacy of your PHI and abide by the terms of this notice. We reserve the right to change these terms; revised notices will be posted in our office and available upon request.

If you feel your privacy rights have been violated, you may file a formal written complaint with our office or with the **U.S. Department of Health & Human Services, Office of Civil Rights**. We will not retaliate against you for filing a complaint.

### **Privacy Officer Contact Information:**

**Name/Title:** FRAN PERKINS, Office Manager

**Phone:** 614-888-7910

**Email/Address:** [info@hullandappel.com](mailto:info@hullandappel.com)

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