

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) be kept confidential.

Standard Uses and Disclosures

Without specific written authorization, we are permitted to use and disclose your health care records for:

- **Treatment:** Providing, coordinating, or managing health care (e.g., crowns, fillings, cleanings).
- **Payment:** Obtaining reimbursement, confirming coverage, or billing your dental plan.
- **Health Care Operations:** Business aspects such as quality assessment, auditing, and customer service.

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.

Fundraising & Communication

- **Appointment Reminders:** We may contact you via phone, text, email, or mail to remind you of appointments, accounts or other communication. you have the right to **opt-out** of receiving such communications at any time.

- **Fundraising:** If we contact you for fundraising purposes, you have the right to **opt-out** of receiving such communications at any time.
- No mobile opt-in message consent will be shared with third parties or affiliates for marketing purposes.

Other Permitted Disclosures

We may share info with family members directly involved in your care. We may also disclose info to public health authorities, law enforcement (when required by law), medical examiners, or to prevent a serious threat to health and safety.

Your Individual Rights

You have the following rights, which you can exercise via written request:

- Right to request restrictions on certain uses and disclosures.
- Right to receive confidential communications by alternative means.
- Right to access, inspect, and copy your health information.
- Right to request an amendment to your records.
- Right to an accounting of disclosures outside of treatment/payment/operations.

Complaints & Contact Information

You have the right to file a formal complaint with us or with the [U.S. Department of Health & Human Services Office of Civil Rights](#) if you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For questions or to exercise your rights, please contact our Privacy Officer:

Name/Title: FRAN PERKINS, Office Manager

Phone: 614-888-7910

Email/Address: info@hullandappel.com
