



## NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

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

### Our Legal Duty

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that medical and dental records and other individually identifiable health information used or disclosed by our practice be kept confidential. We are required by law to maintain the privacy of your Protected Health Information (PHI), provide this notice of our legal duties and privacy practices, and notify you in the event of a breach of unsecured PHI.

### How We May Use and Disclose Your Protected Health Information

**Treatment:** We may use or disclose your PHI to other healthcare providers to provide, coordinate, or manage your dental care.

**Payment:** We may use and disclose your PHI to obtain payment for services provided to you.

**Healthcare Operation:** We may use and disclose PHI with our healthcare operations such as quality assessment, training, licensing, accreditation, and business management activities.

**Appointment Reminders:** We may contact you via phone, voicemail, text, postcard, or email regarding appointments, treatment alternatives, health-related benefits, and services that may be of interest to you.

**Business Associates:** We may disclose PHI to contracted service providers who assist with billing or other operations and who are required to safeguard your information.

**Required by Law:** We may disclose PHI when required by federal or state law, court orders, public health reporting, or government investigations.

### You May Provide Additional Authorization

**Marketing:** We may disclose PHI for marketing purposes with written authorization.

**To Others Upon Specific Authorization:** You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. It may be revoked in writing at any time.

### Special Protections for Substance Use Disorder (SUD) Records

Certain records related to substance use disorder (SUD) diagnosis, treatment or referral that may be received or maintained by our practice are subject to additional confidentiality protections under federal law (42 CFR Part 2).

- These records may only be used or disclosed with your written consent, except as specifically permitted by law.



- SUD records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order issued after proper notice to you.
- These records are subject to stricter confidentiality protections than those generally provided under HIPAA.
- Redisclosure of information protected under 42 CFR Part 2 is prohibited unless expressly permitted by your written authorization or federal law.

### **Your Rights**

- Inspect and receive a copy of your PHI.
- Request amendments to your PHI.
- Request restrictions on certain uses and disclosures.
- Receive an accounting of certain disclosures.
- Request confidential communications.
- Receive notice of a breach of unsecured PHI.
- File a complaint without retaliation.

### **Our Responsibilities**

East Wichita Dentist is required by law to maintain the privacy and security of your PHI, provide you with this Notice our legal duties and privacy practices, notify you following a breach of unsecured protected health information, and follow the terms of this Notice.

We reserve the right to change this Notice. Any revised Notice will be effective for all health information we maintain and will be available in our office and on our website.

### **Examples of Disclosures Not Requiring Consent**

- Public health reporting (disease reporting).
- Law enforcement requests.
- Reporting abuse, neglect, or domestic violence.
- Health oversight activities (audits, inspections).
- Judicial or administrative proceedings.

### **Contact Information**

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