

## Hometown Dental of Newton HIPAA Patient Privacy Practices

**Effective Date:** 08/01/2024

### **Your Information. Your Rights. Our Responsibilities.**

At Hometown Dental of Newton, we are dedicated to protecting your privacy and ensuring the confidentiality of your dental and health information. This notice describes how your information may be used and disclosed and how you can get access to this information.

### **Your Rights**

You have the right to:

- **Get a copy of your paper or electronic dental record:** You can ask to see or get a copy of your dental records. We will provide a copy or a summary of your information, usually within 30 days of your request.
- **Correct your dental record:** You can ask us to correct dental information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- **Ask us to limit what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- **Get a list of those with whom we’ve shared information:** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated:** You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Contact you for appointment reminders or other dental care-related communications.

If you cannot tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

## **Our Uses and Disclosures**

We typically use or share your health information in the following ways:

- **Treat you:** We can use your health information and share it with other professionals who are treating you.
- **Run our dental practice:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

- **Help with public health and safety issues.**
- **Conduct research.**
- **Comply with the law.**
- **Respond to organ and tissue donation requests.**
- **Work with a medical examiner or funeral director.**
- **Address workers' compensation, law enforcement, and other government requests.**
- **Respond to lawsuits and legal actions.**

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **Security Officer**

Jacob P. is our designated Security Officer and is responsible for overseeing our compliance with HIPAA regulations and the protection of your health and dental information. If you have any concerns about the security of your information, you can contact him at:

**Hometown Dental of Newton**

804 Iowa Speedway Drive

Newton, Iowa 50208

[641-417-6010](tel:641-417-6010)

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**Contact Information**

If you have any questions about this notice or need further information, please contact:

**Hometown Dental of Newton**

804 Iowa Speedway Drive

Newton, Iowa 50208

[641-417-6010](tel:641-417-6010)