

## **Notice of Privacy Practices**

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

### **Our Commitment to Your Privacy**

208 Dental is required by law to maintain the privacy and security of your protected health information ("PHI") in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable state laws.

Protected health information includes information that identifies you and relates to your past, present, or future physical or mental health, dental care, or payment for care.

This Notice explains:

- How we may use and disclose your health information
- Your rights regarding your health information
- Our legal responsibilities
- How to file a complaint if you believe your privacy rights have been violated

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

#### **Treatment**

We may use and disclose your health information to provide, coordinate, or manage your dental care. Examples include examinations, cleanings, restorations, periodontal therapy, referrals to specialists, and sharing radiographs or records with other providers involved in your care.

#### **Payment**

We may use and disclose your health information to bill for services and obtain payment. This includes insurance verification, claims submission, billing statements, payment processing, collections, and eligibility confirmation. For identity verification and fraud prevention, we may request government-issued identification at check-in.

#### **Healthcare Operations**

We may use and disclose your health information for healthcare operations, including quality assessment, staff training, licensing, audits, business planning, customer service, and compliance activities.

#### **Appointment Reminders & Treatment Information**

We may contact you by phone, text message, email, or mail to confirm appointments, provide reminders, or share information about treatment options or other health-related services. You may request alternative communication methods or opt out of certain communications in writing.

#### **Uses and Disclosures Required or Permitted by Law**

We may use or disclose your health information when required or permitted by federal, state, or local law. This may include disclosures to public health authorities, health oversight agencies, law enforcement, coroners or medical examiners, organ donation organizations, or to prevent or reduce a serious threat to your health or the health or safety of others.

#### **Other Uses and Disclosures**

Any use or disclosure of your health information outside of treatment, payment, or healthcare operations requires your written authorization, unless otherwise permitted by law.

This includes allowing our office to discuss your care or financial arrangements with parents, guardians, stepparents, family members, or other designated individuals. Authorization may be granted by completing an Authorization to Release Financial and Treatment Information form.

You may revoke an authorization in writing at any time, except to the extent that action has already been taken in reliance on it.

#### **Your Rights Regarding Your Health Information**

You have the right to:

- Request confidential communications by alternative means or at alternative locations
- Inspect and obtain copies of your protected health information (fees may apply as permitted by law)
- Request an amendment to your health information
- Receive an accounting of disclosures made outside of treatment, payment, and healthcare operations
- Obtain a paper copy of this Notice upon request
- Request restrictions on certain uses and disclosures (we are not required to agree to all requested restrictions)

#### **Right to Restrict Disclosure to Insurance**

If you pay in full out-of-pocket for a service, you have the right to request that we do not disclose information about that service to your insurance company. To exercise this right, you must complete a written HIPAA Insurance Restriction Request Form at the time of service. This restriction applies only to the specific treatment identified and is not retroactive.

#### **Our Responsibilities**

We are required by law to:

- Maintain the privacy and security of your protected health information
- Provide you with this Notice of Privacy Practices
- Abide by the terms of the Notice currently in effect
- Notify you in the event of a breach of unsecured protected health information

We reserve the right to revise this Notice at any time. Updated versions will be available upon request and posted in our office and/or on our website.

This Notice of Privacy Practices is available upon request at our office and is posted on our website.

#### **Privacy Officer & Contact Information**

Privacy Officer: Practice Coordinator / Office Administrator

Practice: 208 Dental

Address: 53 E Calderwood Dr #110, Meridian, ID 83642

Phone: 208-501-8860

You may contact our Privacy Officer with questions, requests, or concerns regarding your privacy rights.

#### **Complaints**

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

U.S. Department of Health & Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: 877-696-6775