

Joy Dental, LLC
NOTICE OF PRIVACY PRACTICES

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.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), all medical records and other individually identifiable protected health information (PHI) of which we have knowledge must be kept confidential. All PHI used by us or disclosed by us is covered by this Act regardless of whether this PHI is in electronic, oral, or paper form. Several new rights are granted to patients under this Act, allowing control over how your PHI is used, how you can access it and, in some cases, amend it.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI.

We may be assessed a penalty for any misuse or unauthorized disclosures of your personal health information as regulated by HIPPA.

This Notice of Privacy Practices is effective on August 21, 2024. We are bound to abide by the terms of this notice and reserve the right to make revisions to this policy. Should revisions be made, you will be notified in writing and a copy of the revised policy will be made available at your request.

Should any breach of unsecured PHI ever occur, we will notify the patient(s) involved within 10 business days of discovery of this breach.

You will be asked to sign a consent form authorizing us to use and disclose your personal health information only for the following purposes, as defined under the Act.

- Treatment means the provision, coordination, or management of health care and related services by one or more healthcare providers, including the coordination of management of health care by a healthcare provider with a third party; consultation between healthcare providers relating to a patient or the referral of a patient for health care from one healthcare provider to another. An example of this would be a dentist's referral to an orthodontist.
- Payment means obtaining reimbursement for the provision of health care; determinations of eligibility of coverage, billing, claims management, collection activities, justification of charges and disclosure to consumer reporting agencies; protected health information relating to the collection of reimbursements (only certain information may be disclosed). An example of this would be submitting your bill for health care services to your insurance company.
- Health Care Operations are any activity related to covered functions in which we participate in the function of our offices, such as conducting quality assessment activities; protocol development; case management coordination; auditing functions; business management and general administrative activities, including implementation of this regulation; customer service

evaluations; resolution grievances; fundraising; and marketing for which an authorization is not required. An example of this would be the evaluation of customer service given to patients. We may, without prior consent use or disclose your PHI to carry out treatment, payment or healthcare operations:

- Directly to you at your request.
- In an emergency treatment situation if we attempt to obtain such consent as soon as reasonably practicable after the delivery of such treatment; if we are required by law to treat you and attempts to obtain consent are unsuccessful; or if we attempt to obtain consent by are unable, due to barriers of communication, but we determine in our professional opinion that treatment is clearly inferred from the circumstances.
- Pursuant to and in compliance with an authorization signed by you.
- Provided that you are informed in advance of the use and disclosure and have the opportunity to agree to or prohibit or restrict the use or disclosure. This may be an oral agreement between us and may include a directory maintained at our facility containing specific information allowed by the Act.

We may de-identify your personal health information by using codes or removing all individually identifiable health information.

All other uses and disclosures will be made only upon securing a written authorization form signed by you. You have the right to revoke this authorization, at any time, upon written notice and we will abide by that request.

However, an exception would be any actions already taken, relying on your authorization and prior revocation notice.

If you have paid for services out of pocket, in full, and request that we not disclose PHI related solely to these services to a health plan, we will abide by this request except where required by law to make a disclosure.

We may contact you to provide appointment reminders or to inform you about treatment alternatives or other health related benefits or services that may be of interest to you.

A written authorization from you will be required to release the following information:

- Use and disclosure of PHI for marketing purposes.
- Disclosures that constitute PHI.
- Other uses and disclosures or PHI not described in this Notice of Privacy Practices. Under HIPPA, you have the following rights with respect to your personal health information.
- No use or disclosure of genetic information will be released for underwriting purposes.
- You have the right to request restrictions on certain uses and disclosures of protected health information, including restrictions placed upon disclosure to family members, close personal friends, or any other person you may identify. We are, however not required to agree with a requested restriction.
- You have the right to inspect and copy your protected health information; you may also request your PHI in an electronic format if we use an electronic paperless record keeping system.
- You have the right to amend PHI, however, this request may be denied under certain circumstances.

- You have the right to receive an accounting of disclosures of your protected health information made by us in the six years prior to the date of the account request.
- You have the right to obtain a paper copy of this notice from us, even if you have already agreed to receive the notice electronically.

If you feel your privacy rights or the provisions of this notice of privacy policies have been violated, you have the right to file a formal written complaint.

DOCUMENTATION

All documentation related to the receipt and acknowledgment of the Notice of Privacy Practices is maintained for a minimum of 6 years.

QUESTIONS

Questions regarding the Notice of Privacy Practices or its contents should be directed to the HIPPA Privacy Offices. Questions about the distribution and acknowledgment process should be directed to the practice supervisor or the HIPPA Privacy Officer.

DEFINITION- PROTECTED HEALTH INFORMATION

Protected Health Information is defined as information that may identify a patient and includes.

- Demographic information that may identify a patient.
- Information related to the patient's past, present, or future physical or mental health and condition.
- Information related to health care services for payment for health care services.

REVISING THE NPP

Whenever Joy Dental privacy practices change or there is a change in the law or HIPPA rules that require a change to the Notice or Privacy Practices, Joy Dental shall determine whether the practice must revise the policy accordingly.

On or after the effective date of revisions to the Notice of Privacy Practices, then on or after the effective date the revision Joy Dental will:

1. Provide the new Notice of Privacy Practices to patients on their first appointment and ask them to sign the acknowledgment.
2. Have a supply of paper copies or the new Notice of Privacy Practices available in the practice and provide it to anyone who requests a copy.
3. Post the new Notice of Privacy Practices in a clear and prominent location in the practice.
4. Post the new Notice of Privacy Practices on the practice's website.
5. Retain at least one copy of the old and new Notice of Privacy Practices for at least 6 years from the latter of the date when the document was created or the date when the document was last in effect.