

NOTICE OF PRIVACY PRACTICES

This notice describes how medical and dental information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice please contact our Privacy Officer or any staff member in our office.

Privacy Officer: _____ Contact number: _____

External HIPAA Privacy and Security Resource: David Wornica, CHPSE. Contact number: 469-342-8300 ext. 628.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) under federal HIPAA law, and your medical and dental information under Oregon law (ORS 192.553–192.581 and related statutes). It explains your rights, our responsibilities, and how federal and Oregon law work together to protect your privacy.

We are required by both federal and Oregon law to maintain the privacy of your information, to provide you this Notice, and to abide by its terms. We may change the terms of this Notice at any time. The new Notice will be effective for all information we maintain. You may obtain a revised Notice by visiting our office, requesting one by mail, or accessing our website.

A. USES AND DISCLOSURES OF INFORMATION

USES AND DISCLOSURE BASED ON YOUR IMPLIED CONSENT

When you receive care in our office, you imply consent for us to use and disclose your information for the following purposes. These uses are permitted under HIPAA and Oregon law.

Treatment: We may use and disclose your information to provide, coordinate, or manage your care. For example:

- Sharing X-rays and chart notes with a dental specialist.
- Sending treatment specifications to a laboratory.
- Communicating with pharmacists about prescribed medications.
- Coordinating follow-up care with another provider.

Note: Certain information, such as HIV/AIDS status, genetic testing, and mental health records, cannot be shared without your specific written authorization, except as permitted by law.

Payment: We may use and disclose your information to obtain payment for services, including:

- Submitting claims to your health or dental plan.
- Verifying coverage and eligibility.
- Providing documentation for prior authorizations.

- Responding to utilization review requests.

Health Care Operations: We may use and disclose your information for practice administration and quality purposes, such as:

- Reviewing clinical outcomes.
- Staff training.
- Licensing, accreditation, and compliance.
- Using a patient sign-in sheet in reception.
- Calling your name in the waiting room.

Example: We may disclose limited information to interns or residents receiving training in our office.

Business Associates: We may disclose your information to third-party “Business Associates” (billing, IT support, transcription, secure storage). Business Associates are required by law to safeguard your information.

Appointment Reminders and Communication: We may contact you by phone, text, email, or mail regarding appointments, treatment, or health-related services. You may request alternative means of communication.

USES DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Certain uses require your written authorization under HIPAA and Oregon law. These include:

- Marketing communications not face-to-face.
- Sale of your information.
- Most disclosures of psychotherapy notes.
- Disclosures to employers or third parties not directly involved in your care.
- **HIV/AIDS-related information (ORS 433.045).**
- **Genetic information (ORS 192.539).**
- **Certain mental health and substance use disorder records.**

You may revoke your authorization at any time in writing, except where we have already relied on it.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

- **Family Members and Others Involved in Care:** Unless you object, we may share information with those involved in your care or payment.
- **Disaster Relief:** Limited disclosures may be made to disaster response organizations.

If you are unavailable, we may use our professional judgment to decide what is in your best interest.

USES AND DISCLOSURES WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may use or disclose your information without consent in these situations:

- **Required by Law:** When federal or Oregon law requires disclosure.
- **Public Health:** To control disease, report adverse events, or notify exposed persons.

- **Abuse or Neglect:** To report child, elder, or vulnerable adult abuse or neglect.
- **Health Oversight:** For audits, investigations, or inspections.
- **Legal Proceedings:** In response to court or administrative orders.
- **Law Enforcement:** For limited purposes such as identifying a suspect or reporting a crime.
- **Coroners and Medical Examiners:** For identification or cause of death.
- **Organ Donation:** To organ procurement organizations when appropriate.
- **Workers' Compensation:** To comply with workers' compensation programs.
- **National Security and Military:** For authorized purposes.

Note: Oregon law requires stricter protections for HIV/AIDS, genetic, and certain mental health information. These cannot be disclosed without your written authorization unless a specific exception applies.

B. YOUR RIGHTS

You have rights under HIPAA and Oregon law. These include:

- **Inspect and Copy:** You may review or get a copy of your records. Federal law prohibits access to certain psychotherapy notes and litigation records.
- **Request Restrictions:** You may ask us not to use or disclose certain information. We are not required to agree, except when disclosure would be to a health plan for a service you paid for entirely out-of-pocket.
- **Confidential Communications:** You may request alternative means or locations for contact.
- **Amendment:** You may request an amendment to your records. If denied, you may submit a statement of disagreement.
- **Accounting of Disclosures:** You may request a list of certain disclosures in the past six years.
- **Paper Copy:** You may request a paper copy of this Notice at any time.
- **Breach Notification:** You will be notified if a breach of your information occurs.
- **Minor Consent Rights (Oregon only):** If you are 15 years of age or older, Oregon law allows you to consent to your own medical, dental, and mental health treatment. In such cases, you may control access to those records, and disclosures to parents or guardians may be limited without your authorization.

C. OUR RESPONSIBILITIES

- We are required by HIPAA and Oregon law to maintain the privacy and security of your information.
- We will notify you if your information is compromised by a breach.
- We will not use or disclose your information other than as described here without your written authorization.
- We will follow the more stringent rule where federal and Oregon laws differ.

D. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

- **Our Office:** Contact our Privacy Officer in writing at the business address.
- **U.S. Department of Health and Human Services, Office for Civil Rights (OCR).**
- **Oregon Health Authority (OHA).**

We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on **October 1, 2025.**