



6108 NW 59th Ct. Johnston, IA 50131 515-270-9679

Health Insurance Portability and Accountability Act (HIPAA) and Privacy Practices

This notice describes how medical and dental information about you may be used and disclosed.

We are required by law to maintain the privacy & security of your protected health information (PHI). We will not use or share your information other than as described here without your written consent. You may revoke this permission at any time. We may change this Notice at any time. The new Notice will apply to all information. The most current version of this Notice will always be available in our office and upon request.

How We May Use and Share Your Health Information: We typically use or share your health information in the following ways:

1. **Treatment:** We may use your information to provide you with dental care and services, and to coordinate your care with other healthcare providers.
2. **Payment:** We may use and share your information to bill and receive payment from health plans or other entities.
3. **Health Care Operations:** We use health information to improve quality of care, train staff, conduct audits, and run our practice.

We may also use or share your health information in other ways as permitted or required by law, such as:

- Public health and safety (e.g., reporting communicable diseases, product recalls, or suspected abuse).
- Responding to court orders, subpoenas, or other lawful requests.
- Law enforcement purposes.
- Coroner, medical examiner, or funeral director services.
- To prevent or reduce a serious threat to health or safety.
- For workers' compensation claims.

Your Rights - You have the right to:

- Get a copy of your medical/dental record. You may ask to see or get an electronic or paper copy. Fees may apply.
- Request corrections. If you believe there is an error in your record, you may request a correction.
- Request confidential communications. You may ask us to contact you in a specific way.
- Ask us to limit the information we share. You may request restrictions on use or sharing of your information. We will honor all reasonable requests, but we may not be able to agree in all cases.
- You may request a record of when we have shared your health information (other than for treatment, payment, or operations) for up to six years.
- 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.

Signed _____ Date _____