

# Notice of Privacy Policy



Complete  
Care  
Dental

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION  
PLEASE REVIEW IT CAREFULLY AND SIGN ON THE LAST PAGE**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health providers keep your medical and dental information private. The HIPAA Privacy Rule states that health providers must also post in a clear and prominent location, and provide patients with, a written Notice of Privacy Policy.

The privacy practices described are currently in effect. We reserve the right to change our privacy practices, and the terms of this Notice at any time, provided such changes are permitted by law. If changes are made, a new Notice of Privacy policy will be displayed in our office and provided to patients. You may request a copy of our Notice at any time. Additional information may be obtained from the HIPAA Coordinator listed in our written HIPAA plan.

## **USES AND DISCLOSURES OF HEALTH INFORMATION**

The following describes how information about you may be used in this dental office:

**Treatment Services:** We may use or disclose your health information to all of our staff members, other dentists, your physicians, and/or other health care providers taking care of you.

**Payment and Health Care Operations:** We may use or disclose your health information to obtain payment for services we provide to you, to participate in quality assurance, disease management, training, licensing, and certification programs. Upon your written request, we will not disclose to your health insurer any services paid by you out of pocket.

**Marketing/Fundraising:** We will not use or share your information to third parties for marketing or fundraising purposes without your written consent. You can opt out of receiving information about our marketing or fundraisers. We will not sell your health information without your explicit authorization.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, text messages, emails, postcards, or letters.

*SMS Messaging Privacy Policy - Effective Date: 11/29/2024*

Complete Care Dental respects your privacy and is committed to protecting your personal information. This Privacy Policy explains how we collect, use, and share information when you opt in to receive SMS messages from us.

Information We Collect: When you opt in to receive SMS messages, we collect: Your phone number, Consent to send SMS messages

How We Use Your Information - We use your information to: Send you the SMS messages you've opted in to receive, send appointment reminders and confirmation.

Sharing Your Information: We do not share your phone number or SMS opt-in information with third parties for marketing purposes.

Your Rights: You can opt out of receiving SMS messages at any time by replying with "STOP" to any message we send you.

Data Security: We implement reasonable measures to protect your personal information from unauthorized access or disclosure.

Contact Us: If you have questions or concerns about our privacy practices, contact us at 610-833-1919

Terms and Conditions (Terms of Service) - Effective Date: 11/29/2024

By opting in to receive SMS messages from Complete Care Dental, you agree to the following terms:

SMS Messaging Service: By providing my phone number, I consent to receive SMS text messages from Complete Care Dental for appointment reminders, marketing messages, and general two-way communication. Msg frequency varies. Msg&data rates may apply. Reply HELP for support. Reply STOP to opt out.

Message Frequency: You will be sent a reminder for every appointment that you have at Complete Care Dental.

Message and Data Rates: Message and data rates may apply based on your mobile carrier's terms.

Privacy Policy: Your information will be handled in accordance with our Privacy Policy, as discussed above and below.

Opt-Out Instructions: You can opt out at any time by replying "STOP" to any SMS message. Reply HELP for support. You may also contact us directly at 610-833-1919

Liability: We are not responsible for any charges, errors, or delays in SMS delivery caused by your carrier or third-party service providers.

By opting in, you confirm that you are the owner or authorized user of the phone number provided and that you are at least 18 years old.



## Notice of Privacy Policy (cont'd)

**Legal Requirements:** We may use or disclose your health information when required to do so by law.

**Abuse or Neglect:** If abuse or neglect is reasonably suspected, we may use or disclose your health information to the appropriate governmental authorities.

**National Security:** When required, we may disclose military personnel health information to the Armed Forces. Information may be given to authorized federal offices when required for intelligence and national security activities. Health information for inmates in custody of law enforcement may be provided to correctional institutes.

**Family Members, Friends, and Others Involved in Care:** At your request, we may disclose your health information to a family member or other person if necessary to assist with your treatment and/or payment for services. Based on our judgement and as per 164.522(a) of HIPAA we may disclose your information to these persons in the event of an emergency situation. We also may make information available so that another person may pick up filled prescriptions, medical supplies, records, or x-rays for you. Your information may be disclosed to assist in notifying a family member, caregiver, or personal representative of your location, condition, or death.

**Business Associates:** Some services in our organization are provided through contacts with business associates. Examples include practice management software representatives, accountants, answering service personnel, etc. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. All of our business associates are required to safeguard your information and to follow HIPAA Privacy Rules.

**Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Activities:** We may use or disclose your health information for public health activities, to include the following: to prevent or control disease, injury, or disability; to report reactions with medications or problems with products, to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition; to notify the proper government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence (when required by law).

**Other Authorizations:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Breach Notification:** We will notify you any time your PHI may have been compromised through unauthorized acquisition, use or disclosure.

### PATIENT RIGHTS

**Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information. We will charge you a reasonable cost-based fee for expenses such as copies. Postage will be added if copies are to be mailed. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Details of all fees are available from the HIPAA Coordinator.

**Accounting of Disclosures:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We will keep your information confidential from your health plans if you pay cash, at your request. In some instances, we may not be required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and must explain the reason for the amendment.) We may deny your request under certain circumstances.