

# NOTICE OF PRIVACY PRACTICES - HIPAA

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**Effective Date: February 16, 2026**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that protects the privacy of your medical information. This Notice explains how your protected health information (“PHI”) may be used and disclosed and describes your rights regarding that information.

PHI includes information about your health condition, treatment, and payment for healthcare services that can identify you.

## How We May Use and Disclose Your Information

We may use and disclose your PHI **without your written authorization** for the following purposes:

- **Treatment** – To provide, coordinate, or manage your dental care, including sharing information with other healthcare providers involved in your treatment.
- **Payment** – To obtain payment for services provided, including insurance verification, billing, claims submission, and collection activities.
- **Healthcare Operations** – To operate our practice, including quality assessment, staff training, audits, business management, compliance activities, and customer service.
- We may also contact you with appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.
- We may disclose your PHI when required by law, including for public health activities, law enforcement purposes, health oversight activities, or fraud prevention.
- Certain types of information may be subject to additional confidentiality protections, including records related to substance use disorder treatment and other information protected by applicable federal or state law.

## Uses Requiring Authorization

Any uses or disclosures of your PHI not described in this Notice will be made only with your written authorization. You may revoke your authorization in writing at any time, except to the extent we have already relied on it.

## Your Rights

You have the right to:

- Access and obtain copies of your PHI
- Request corrections to your PHI
- Request restrictions on certain uses or disclosures
- Request confidential communications
- Receive a paper copy of this Notice upon request
- File a complaint if you believe your privacy rights have been violated

We will not retaliate against you for filing a complaint.

## **Our Responsibilities**

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

We reserve the right to change this Notice at any time. Any changes will apply to all PHI we maintain and will be available upon request.

## **Questions or Complaints**

If you have questions about this Notice or believe your privacy rights have been violated, please contact this dental practice or the U.S. Department of Health and Human Services, Office for Civil Rights.

**Dental Practice Name:** Kopp Bloom Full

**Phone:** 815-477-4055