

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.

COVENANT DENTAL
8030 S. Cinnamon Ridge Place
Sioux Falls, SD 57108
Director: 605-929-2997
info@covenantdental.net

OUR COMMITMENT TO YOUR PRIVACY

This practice is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of Privacy Practices, and follow the terms of this Notice currently in effect. Protected health information includes any individually identifiable information about your health condition, the care provided to you, or payment for that care – whether communicated in writing, electronically, or verbally.

This Notice explains how this practice may use and share your health information, your rights regarding that information, and the practice's legal obligations to protect it.

HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

The following describes the ways this practice may use and share your health information without your written authorization:

For Treatment

- Your health information may be used and shared with other healthcare providers involved in your care. This includes, but is not limited to:
- Sharing surgical records, imaging (X-rays, CT scans, panoramic radiographs), and treatment plans with your referring dentist, orthodontist, or other dental specialists.
- Sharing sedation and anesthesia records with your medical doctor, anesthesiologist, or other healthcare providers as needed for your safety and continuity of care.
- Sharing information with laboratories, pharmacies, or other facilities involved in your treatment.
- Consulting with other healthcare professionals about your care.

For Payment

Your health information may be used and shared to bill and collect payment for the services provided to you. This includes:

- Submitting claims to your dental or medical insurance company.
- Sharing information with third-party payers, collection agencies, or other parties responsible for payment.
- Providing information to your insurance company for prior authorization or to determine eligibility for benefits.

For Healthcare Operations

Your health information may be used for activities that support the operation of this practice and ensure quality care. This includes:

- Quality assessment and improvement activities.
- Reviewing the competence and qualifications of healthcare professionals.
- Training programs for students, trainees, and staff.
- Business planning, management, and general administrative activities.
- Compliance and auditing functions.

Other Uses and Disclosures That Do Not Require Your Authorization

Your health information may also be used or disclosed without your authorization in the following situations:

- As required by law – when federal, state, or local law requires disclosure.
- Public health activities – to report disease, injury, vital events, or to conduct public health surveillance or investigations.
- Health oversight activities – to a health oversight agency for audits, investigations, inspections, or licensing activities.
- Abuse or neglect – to report suspected abuse, neglect, or domestic violence to appropriate authorities as required or permitted by law.
- Legal proceedings – in response to a court order, subpoena, or other lawful process.

- Law enforcement – to assist law enforcement officials in certain circumstances, such as identifying or locating a suspect, or reporting certain types of wounds or injuries.
- Coroners, medical examiners, and funeral directors – to assist in identifying a deceased person, determining a cause of death, or carrying out their duties.
- Organ and tissue donation – to organizations involved in organ, eye, or tissue procurement, banking, or transplantation.
- Research – under certain conditions and with appropriate oversight, for approved research purposes.
- Serious threats to health or safety – to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- Workers' compensation – as authorized by and necessary to comply with workers' compensation laws.
- Military and veterans – if you are a member of the armed forces, as required by military command authorities.
- National security and intelligence – to authorized federal officials for national security and intelligence activities.
- Correctional institutions – if you are an inmate, to the correctional institution or law enforcement official for certain purposes.

Uses and Disclosures That Require Your Written Authorization

For uses and disclosures not described above, this practice will obtain your written authorization before using or sharing your health information. This includes:

- Marketing purposes (with limited exceptions).
- Sale of your health information.
- Most uses of psychotherapy notes (if applicable).
- Other uses and disclosures not covered by this Notice or applicable law.

You may revoke your authorization in writing at any time, except to the extent that this practice has already acted in reliance on it.

SPECIAL CONSIDERATIONS FOR ORAL SURGERY AND SEDATION DENTISTRY

- Sedation and anesthesia records: Records related to sedation or general anesthesia — including pre-operative health assessments, medication administration records, and monitoring data — are part of your protected health information and are subject to all protections described in this Notice.
- Surgical imaging and photographs: Clinical photographs, X-rays, CT scans, and other imaging obtained for diagnostic or treatment purposes are part of your health record. If clinical photographs are to be used for educational or publication purposes, separate written authorization will be obtained.
- Coordination with referring providers: This practice routinely communicates with referring dentists, orthodontists, physicians, and other healthcare providers regarding your treatment. This communication is considered part of your treatment and does not require separate authorization.
- Emergency situations: If a medical emergency arises during sedation or a surgical procedure, your health information may be disclosed to emergency medical personnel, hospital staff, or other providers as necessary to protect your life and safety.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights with respect to your protected health information:

- **Right to Inspect and Copy**
 - You have the right to inspect and obtain a copy of your health information maintained by this practice, including your dental and medical records and billing records. A reasonable, cost-based fee may be charged for copies. Requests must be submitted in writing. In certain limited circumstances, access may be denied, and you will be informed of the reason and your right to have the denial reviewed.
- **Right to Request an Amendment**
 - You have the right to request that your health information be amended if you believe it is incorrect or incomplete. Requests must be submitted in writing with a reason for the amendment. The practice may deny the request under certain circumstances and will provide a written explanation if the request is denied.
- **Right to an Accounting of Disclosure**
 - You have the right to request a list of certain disclosures of your health information made by this practice. This does not include disclosures made for treatment, payment, or healthcare operations, or disclosures you authorized in writing. The first accounting in any 12-month period is free; a reasonable fee may be charged for additional requests.

- **Right to Request Restrictions**
 - You have the right to request restrictions on how your health information is used or disclosed for treatment, payment, or healthcare operations, which requires the entity to agree to such request to restrict disclosure to a health plan if the patient has paid in full and the disclosure is for the purpose of carrying out payment or health care operations and is NOT otherwise required by law.
- **Right to Request Confidential Communications**
 - You have the right to request that this practice communicate with you about health matters in a certain way or at a certain location. For example, you may request that the practice contact you only at a specific phone number or address. Reasonable requests will be accommodated.
- **Right to a Paper Copy of This Notice**
 - You have the right to obtain a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.
- **Right to Be Notified of a Breach**
 - You have the right to be notified if a breach of your unsecured protected health information occurs.

THIS PRACTICE'S RESPONSIBILITIES

This practice is required to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of its legal duties and privacy practices.
- Follow the terms of this Notice currently in effect.
- Notify you if a breach of your unsecured protected health information occurs.

This practice reserves the right to change the terms of this Notice and to make the new provisions effective for all health information it maintains. If changes are made, a revised Notice will be posted in the office and made available upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775
Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

You will not be penalized or retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of this Notice of Privacy Practices.

Patient Name (Print): _____

Patient Signature: _____

Date: _____

If signed by a personal representative:

Representative Name (Print): _____

HIPAA: Notice of Privacy Practices



Representative Signature: _____

Relationship to Patient: _____

Date: _____

For internal use only:

☐ Patient received a copy of this Notice.

☐ Patient declined to sign acknowledgment. Reason (if provided): _____

Staff Initials: _____ Date: _____