



## Privacy Policy

Lawson Dentistry is committed to protecting your privacy and safeguarding your personal health information. This Notice of Privacy Practices explains how we collect, use, and disclose your health information in accordance with HIPAA (Health Insurance Portability and Accountability Act) regulations. Please review this policy carefully.

### Our Legal Duty

We are required by federal and state laws, including HIPAA, to protect the privacy of your health information. This Notice outlines:

- How we may use and disclose your Protected Health Information (PHI)
- Your rights regarding your health information
- Our legal responsibilities in safeguarding your PHI

We may update this Notice from time to time and will provide the latest version upon request.

### HIPAA Compliance

Under HIPAA, your Protected Health Information (PHI) is safeguarded against unauthorized use. PHI includes any information related to your past, present, or future health condition, treatment, or payment.

#### Your HIPAA Rights

You have the right to:

- **Access Your Records:** Request and obtain copies of your health records.
- **Request Corrections:** Amend incorrect or incomplete information in your records.
- **Request Restrictions:** Ask us to limit how we use or disclose your PHI.
- **Confidential Communication:** Request communications via specific means (e.g., mail, phone, or email).
- **Receive a Disclosure Accounting:** Get a list of PHI disclosures made outside of treatment, payment, or healthcare operations.

- **File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or the U.S. Department of Health and Human Services (HHS) without fear of retaliation.

For further information about your HIPAA rights, please contact our office.

## Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations. Below are some examples:

### Treatment

- We may share your PHI with dentists, physicians, specialists, and other healthcare providers involved in your care.
- Example: If we refer you to a specialist, we may share the necessary medical history with them.

### Payment

- We may use your health information to process insurance claims, verify benefits, or collect payments for services rendered.
- Example: We may disclose necessary information to your dental insurance provider for claim approval.

### Healthcare Operations

- We may use your health information to improve our services, conduct training, evaluate staff performance, and comply with legal requirements.
- Example: Your information may be used in quality improvement programs or staff training sessions.

## Your Authorization

Other than for treatment, payment, and healthcare operations, we will not use or disclose your health information without your written authorization. You may revoke this authorization at any time in writing.

Some information, such as HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or

legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

## **Additional Situations Where We May Disclose PHI**

### **To Your Family and Friends**

We may disclose health information to family members or caregivers involved in your care with your consent. If you are unconscious or unavailable, we may use professional judgment to determine if disclosure is in your best interest.

### **Unsecured Email Communications**

We will not send unsecured emails regarding your PHI unless you specifically authorize us to do so. You may revoke this authorization at any time.

### **Appointment Reminders & Communications**

We may contact you via phone, text, email, or mail to remind you of upcoming appointments, treatment follow-ups, or important office updates.

## **Legal Disclosures**

We may **use or disclose** your health information when required by law, including:

- **Public Health Reporting:** Reporting disease outbreaks, reactions to medications, or medical device issues.
- **Abuse or Neglect Reporting:** If we suspect child, elder, or domestic abuse, we may report it to the appropriate authorities.
- **Law Enforcement Requests:** In response to a subpoena, court order, or legal investigation.
- **Military and National Security:** Disclosures may be made for military personnel, national security purposes, or correctional institutions as required by law.
- **Change of Ownership:** If Lawson Dentistry is sold or merged, your health records may be transferred to the new owner.

## **Data Protection & Security**


We implement industry-standard security measures to protect your electronic and physical records against unauthorized access, theft, or breaches. In the event of a data breach involving your unsecured PHI, we will notify you in compliance with HIPAA regulations.

## How to Contact Us

If you have any questions, concerns, or complaints regarding this Privacy Policy, please contact:

 **Lawson Dentistry**

4444 Northwest 128th Street, Urbandale, IA 50323, United States


 **Phone:** [lct\_phone]

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health & Human Services (HHS) at:

**Office for Civil Rights (OCR)**

U.S. Department of Health and Human Services

 **Website:** [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy)

 **Phone:** 1-800-368-1019

Lawson Dentistry will not retaliate against you for filing a complaint.