



Wednesday, December 11, 2024

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION  
Effective Date: November 5, 2024

OCR HIPAA Privacy  
Updated November 5, 2024  
NOTICE OF PRIVACY PRACTICES  
FOR PROTECTED HEALTH INFORMATION  
[45 CFR 164.520]

## Background

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives individuals a fundamental right to be informed about the privacy practices of their health plans and health care providers, as well as their rights concerning personal health information (PHI). Walnut Creek Dental is committed to protecting your health information and ensuring compliance with HIPAA standards. This document details your privacy rights, our obligations, and our commitment to safeguarding your information, enabling you to make informed choices about your privacy.

### *How the Rule Works*

## General Rule

The Privacy Rule ensures that every individual has a right to receive adequate notice of how Walnut Creek Dental may use and disclose PHI, as well as your rights and our obligations related to your information. As a covered entity, we are required to develop and provide this notice of our privacy practices, which is reviewed periodically and updated as necessary to reflect any material changes.

Certain covered entities under HIPAA are not required to develop a notice of privacy practices; however, Walnut Creek Dental adheres to rigorous standards to ensure full HIPAA compliance and patient confidentiality.

## Content of the Notice

Walnut Creek Dental provides this notice in clear and professional language, covering the following essential components:

- **How Walnut Creek Dental May Use and Disclose Protected Health Information:** We may use and disclose PHI in a variety of healthcare and operational contexts, which are detailed below.
- **Your Rights Regarding Protected Health Information:** This section explains your rights, including

accessing and amending information, requesting restrictions on disclosures, and filing complaints if you believe your privacy rights have been violated.

- **Walnut Creek Dental's Legal Duties Regarding PHI:** Our obligations to protect your privacy are outlined here, including our duty to maintain the confidentiality of your PHI and uphold legal standards.
- **Whom to Contact for More Information:** Contact details for Walnut Creek Dental representatives are provided for further inquiries about our privacy practices and your rights.

This notice includes an effective date. In the event of material changes to our privacy practices, Walnut Creek Dental will revise and redistribute this notice promptly, as required by law.

*Reference: See 45 CFR 164.520(b) for specific guidelines.*

## **Permissible Uses and Disclosures of Protected Health Information**

Walnut Creek Dental may use and disclose your protected health information (PHI) in the following situations:

### **1. For Treatment**

We may use and disclose your PHI to provide and coordinate your health care services. This includes sharing information with other health care providers involved in your treatment, such as specialists or labs.

### **2. For Payment**

We may use and disclose your PHI to bill and collect payment for the services provided to you. This includes disclosures to your insurance provider, billing agents, and other entities involved in processing claims or obtaining reimbursement.

### **3. For Health Care Operations**

We may use and disclose PHI to support our operations, such as quality assessments, training, and performance reviews. These activities are essential to running our practice and ensuring you receive high-quality care.

### **4. As Required by Law**

We will disclose PHI when required by federal, state, or local law, including disclosures in response to a court order or subpoena.

### **5. Public Health Activities**

We may disclose PHI for public health purposes, including reporting communicable diseases, adverse reactions to medications, and other issues relevant to public health and safety.

### **6. Health Oversight Activities**

We may disclose PHI to health oversight agencies for activities authorized by law, such as audits,

inspections, and compliance reviews.

## **7. To Avert a Serious Threat to Health or Safety**

We may use and disclose PHI to prevent or mitigate a serious threat to the health or safety of an individual or the public.

*Reference: See 45 CFR 164.502 and 164.512 for additional permissible uses and disclosures.*

## **Your Rights Regarding Protected Health Information**

As a patient, you have the following rights under the HIPAA Privacy Rule:

### **1. Right to Access**

You may request to access your PHI and obtain copies of your health records.

### **2. Right to Amend**

If you believe information in your records is inaccurate or incomplete, you may request an amendment.

### **3. Right to Request Restrictions**

You may request limitations on how we use or disclose your PHI for treatment, payment, and healthcare operations. However, Walnut Creek Dental is not obligated to agree to these restrictions.

### **4. Right to Confidential Communications**

You may request that we communicate with you about health matters in a specific way (e.g., calling a certain phone number).

### **5. Right to an Accounting of Disclosures**

You may request a list of certain disclosures we have made of your PHI, except those made for treatment, payment, or healthcare operations.

### **6. Right to Notification of Breach**

You have the right to be informed promptly in the event of a breach of your unsecured PHI.

### **7. Right to a Paper Copy of This Notice**

You may request a paper copy of this notice at any time, even if you have agreed to receive it electronically.

*Reference: See 45 CFR 164.524-528 for further information on individual rights.*

## Providing the Notice

- **Availability:** Walnut Creek Dental will make this notice available to anyone upon request.
- **Posting and Accessibility:** We will post this notice prominently on our website and provide copies in our office for patients to take with them.

## Health Plans (if applicable):

- Health plans must provide this notice to individuals no later than April 14, 2003 (April 14, 2004, for small health plans) and at the time of new enrollments.
- Health plans are required to issue revised notices within 60 days of any material changes.
- At least once every three years, health plans will notify members of the notice's availability and instructions on obtaining a copy.

## Covered Direct Treatment Providers:

- Providers must offer the notice to individuals no later than the first service date and make a good-faith effort to obtain written acknowledgment of receipt. If acknowledgment cannot be obtained, documentation will be maintained regarding attempts and reasons for non-receipt.
- If services are provided electronically, Walnut Creek Dental will issue an electronic notice immediately and request acknowledgment of receipt.
- In emergency situations, the notice will be provided as soon as reasonably practicable after the emergency.

*Reference: See 45 CFR 164.520(c) for specific requirements.*

## Organizational Options

**Multiple Notices:** Walnut Creek Dental, as a healthcare provider, may issue separate notices if different functions or practices require varied privacy protocols. Patients will receive the most relevant and specific notice available.

**Joint Notices for Organized Health Care Arrangements:** If Walnut Creek Dental participates in an organized healthcare arrangement, we may issue a joint notice with other providers, ensuring a unified approach. The joint notice will specify all entities and sites involved, fulfilling notice requirements for all participants.

*Reference: See 45 CFR 164.520(d) for more details.*

## Frequently Asked Questions

For further details regarding HIPAA privacy rights or to view additional FAQs, please refer to the U.S. Department of Health and Human Services HIPAA Privacy Rule resources at [HHS HIPAA Privacy Rule FAQs: www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information/index.html](http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information/index.html).

## Acknowledgment of Receipt of Notice of Privacy Practices

*You have the option to decline signing this acknowledgment.*

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Office Use Only

Efforts to obtain acknowledgment of receipt of our Notice of Privacy Practices were unsuccessful due to:

- Individual declined to sign
- Communication barriers prevented acknowledgment
- Emergency situation prevented acknowledgment
- Other (Specify): \_\_\_\_\_

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