



HIPAA Notice of Privacy Practices Acknowledgement Form for Receipt of Notice of Privacy Practices

Our commitment to your privacy

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and related federal confidentiality laws, we are required by law to protect the privacy of your Protected Health Information (PHI), whether in electronic, oral, or paper form, and to provide you with this Notice of our legal duties and privacy practices.

We are required to comply with the terms of this Notice and reserve the right to make revisions to this policy at any time. Should revisions be made, you will be notified in writing, and a copy of the revised policy will be made available at your request.

We may be assessed a penalty for any misuse or unauthorized disclosures of your personal health information as regulated by HIPAA.

You may also obtain a current copy upon request. If a breach of your unsecured PHI occurs, we will notify you within 10 business days of our discovery in accordance with HIPAA regulatory requirements.

Types of health information we collect

Your PHI includes information about your past, present, or future health/dental services provided to you, and the past, present, or future payment for those services.

Permissible uses and disclosures of your PHI

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

Treatment: To coordinate or manage your health care services among health care providers.

Payment: To obtain reimbursement for healthcare services provided to you.

Healthcare Operations: For day-to-day activities such as quality assessment, case management, audit functions, customer service evaluations, resolution of grievances, and administrative activities.

Appointment Reminders and Treatment Alternatives: To remind you about appointments or inform you about treatment alternatives or other health-related benefits and services.

We may de-identify your Personal Health Information by using codes or removing all individually identifiable health information.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
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Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may not be able to grant your request, but we'll tell you why in writing within 60 days.
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Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say "yes" to all reasonable requests.
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Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say "no" if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say "yes" unless a law requires us to share that information
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Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
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Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
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Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.
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File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us

Degenhardt Dental
HIPAA Compliance Officer: Colleen Degenhardt
Office Phone Number: 248-643-6551
Email: info@DegenhardtDental.com

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Disclosures for Care Coordination

We may disclose your PHI to social services agencies, community-based organizations, or similar third parties for purposes of care coordination and case management, without requiring your individual authorization.

Information disclosed under this notice may be subject to re-disclosure by the recipient and may no longer be protected by the same privacy rules.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
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Do research

- We can use or share your information for health research.
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Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
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Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
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Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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Substance use disorder (SUD) Records and legal protections

If we receive or maintain substance use disorder (SUD) records protected under 42 CFR Part 2, we must follow additional federal confidentiality protections beyond HIPAA.

These records may not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or a court order is issued after proper legal procedures.

SUD records may only be used or disclosed for treatment, payment, or healthcare operations as permitted.

You have the right to opt out of any fundraising communications related to care involving SUD records.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Please list any other parties who are actively involved in your healthcare and who can have access to your health information. Health information includes discussion of insurance/billing payments. (This includes parents of adult children, step parents, grandparents and any care takers who can access patients' records)

Name

Relationship

Name

Relationship

Effective Date

Mar ▼ 4 ▼ 2026 ▼

Please initial consent below

I hereby acknowledge that I have received a copy of this offices Notice of Privacy Practices. I may refuse to sign this acknowledgement. To obtain a paper copy I may request it from the office. I understand that I may cancel this consent at any time (in writing), but that cancelling it will not affect any information that has been already released.

I authorize contact to confirm my appointments, treatment and billing information via the email and mobile numbers I have provided.

I hereby give my written authorization to use any of my photographs (before and/or after treatment including full face as well as nose to chin) for marketing communications.

Printed Name

Name

Signature

Sign Here

Date

Mar ▼ 4 ▼ 2026 ▼

Policy Amended 2-16-26

Submit

