Dental Care
of JACKSON HOLE

NOTICE OF PRIVACY PRACTICES

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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US

1. OUR LEGAL DUTY TO PROTECT YOUR INFORMATION

This dental practice is required by law to maintain the privacy and security of your protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA). We must provide you with this Notice explaining our legal duties and privacy practices. We must follow the terms of this Notice currently in effect. This notice takes effect 02/16/2026 and will remain in effect until we replace it.

Protected health information includes information we create or receive about your dental care, including your dental records, treatment history, payment information, and identifying details.

2. HOW WE MAY USE AND DISCLOSE YOUR PHI

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

Treatment: We may use your PHI to provide, coordinate, or manage your dental care.

Example: Sharing information with a specialist or another dentist involved in your treatment.

Payment: We may use and disclose your PHI to bill and collect payment from insurance companies or other responsible parties. Example: Submitting claims or verifying coverage.

Health Care Operations: We may use and disclose your PHI to support practice operations, including quality improvement, staff training, licensing, and business management.

3. OTHER PERMITTED OR REQUIRED DISCLOSURES

We may also use or disclose your PHI without your authorization in certain situations,

Including: public health activities, health oversight activities, law enforcement purposes as permitted by law, compliance with legal proceedings, to prevent a serious threat to health or safety, Worker's Compensation claims, military and national security purposes, coroners, medical examiners, and funeral directors.

4. SPECIAL RULES FOR SUBSTANCE USE DISORDER (SUD) INFORMATION

Federal law requires additional protections for certain substance use disorder treatment records covered under 42 CFR Part 2.

If our practice receives or maintains records that identify you as having sought or received substance use disorder treatment, those records may not be disclosed without your specific written consent except as permitted by law.

SUD records may not be used or disclosed to investigate or prosecute you in a civil, criminal, administrative, or legislative proceeding without a court order or as otherwise specifically authorized by law.

Redisclosure Warning: If SUD information is disclosed with your consent, it may still be protected by federal confidentiality rules, and the recipient may not redisclose it unless permitted by law.

5. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will not use or disclose your PHI without your written authorization for:

Most marketing purposes, sale of your health information, certain disclosures not described in this Notice. You may revoke your authorization in writing at any time, except to the extent we have already acted on it.

6. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights under HIPAA:

Right to Inspect and Obtain Copies: You may request access to your dental records and obtain paper or electronic copies. We will provide records within the timeframe required by law.

Right to Request Records Be Sent to a Third Party: You may request that we send a copy of your records to another person or provider you designate.

Right to Request an Amendment: If you believe information is incorrect or incomplete, you may request a correction.

Right to Request Confidential Communications: You may request that we contact you in a specific way or at a specific location. Example: Calling your cell phone instead of your home phone.

Right to Request Restrictions: You may request restrictions on certain uses or disclosures. We are not required to agree except in one situation:

If you pay in full out of pocket for a service, you may request that we not share information about that service with your health plan.

Right to Receive a List of Disclosures: You may request an accounting of certain disclosures made in the past six years.

Right to Receive a Paper Copy of This Notice: You may request a paper copy at any time, even if you received this Notice electronically.

7. OUR RESPONSIBILITIES

We are required to:

Maintain the privacy and security of your PHI

Provide you with this Notice

Notify you promptly if a breach occurs that may have compromised the privacy or security of your information
Follow the duties and privacy practices described in this Notice

8. CHANGES TO THIS NOTICE

We may change this Notice at any time. Changes apply to all PHI we maintain. The updated Notice will be available in our office and on our website (if applicable).

9. QUESTIONS AND COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, you may contact:

Privacy Officer: _____
Practice Name: _____
Address: _____
Phone: _____
Email: _____

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint.

Dental Care
of JACKSON HOLE

610 WEST BROADWAY * SUITE 106
CENTENNIAL BUILDING
POST OFFICE BOX 9340
JACKSON, WYOMING 83002
307.732.CARE (2273)
FAX 307.732.1660
www.dentalcareofjacksonhole.com