



Date: August 25, 2025 at 11:52 AM

## HIPPA Privacy Practices

**Notice of Privacy Policies-** This notice describes how your health information may be used and disclosed and how you can get access to this information. Please review this form carefully. The privacy of your health information is important to us.

**Our legal Duty-** Nola Pediatric Dentistry , like all other medical and dental practices, is required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, and our legal duties, and your rights concerning your health information. We must follow the privacy practices, and our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice went into effect on January 1, 2021 and will remain in effect until modified or replaced. We reserve the right to change our privacy practices and the terms of the notice at any time, provided such changes are permitted by applicable law. We reserve the right to make such changes and new terms applicable to all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will update this notice and make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact according to the means outlined in this notice.

**Uses and Disclosures of Health Information** We use and disclose health information about you for treatment, payment, and healthcare operations. Examples include:

**Treatment-** We may use or disclose your health information to physicians, dentists, dental auxiliaries, students and other healthcare providers involved in providing treatment to you.

**Payment-** We may use or disclose your health information to obtain payment for services we provide to you.

**Healthcare Operations-** We may use and disclose your health information in connection with our healthcare operations, including quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

**Your Authorization-** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written

authorization, we will not use or disclose your health information for any reason except those described in this notice.

**To Your Family and Friends-** We must disclose your health information to notify, or assist in the notification of (including identifying or locating) a family member, your representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or during emergency circumstances, we may disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, dental supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services-** We may use patient information internally to offer goods and services we believe may be of interest. We may use patient information to contact you to inquire or survey about the patient provider. We may also create and use aggregate patient information that is not personally identifiable to understand more about the common traits and interests of our patients. We may utilize one or more third-party service providers to send email or other communications to you or our behalf, including surveys. These service providers are prohibited from using your email address or other contact information for any purpose other than to send communications on our behalf. It is our intention to only send email communications that would be useful to you and that you want to receive. When you provide us with your email address as part of the registration or appointment setting process, we will place you on our list of patients to receive information and promotional emails. In addition, patients and visitors to our website are given the opportunity to "opt-in" to receive future emails by following the instructions provided in the email or you can "opt-out" of future emails by following the instructions provided in the email or at any time by following the instructions provided.

**Patient Rights- Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. We may charge a fee for producing dental records and x-rays as allowed by law. **Disclosure Accounting-** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before January 1, 2021. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restrictions-** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our request that we restrict this information and not disclose it to your healthcare plan or insurer.

**Breach Notification-** We will provide you with notification of a breach of unsecured PHI as required by law. **Alternative Communication-** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. This request must be in writing. Your request must be in writing.

Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. **Amendment-** You have the right to request that we amend your health information. This request must be in writing, and it must explain why the information must be amended. We may deny your request under certain circumstances. **Electronic Notice-** If you received this notice on our Web site or by electronic (e-mail), you are also entitled to receive this notice in written form.

**Questions and Concerns-** If you would like additional information about our privacy practices or have questions, Nola Pediatric Dentistry's HIPPA Compliance Officer may be reached at (504)-420-6522. If you are concerned that we may have violated your privacy rights, or if you disagree with a decision that we made about access to your health information or our handling of your response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may send your concerns to us. We will support your right to maintain the privacy of your health information.

We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Nola Pediatric Dentistry 704 Main Street Madisonville, LA 70047 P: 504.420.6522 F: 504.420.4011

Signature \*

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Sign here

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## Privacy Policy