

St. Joseph Dentistry

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who We Are

St. Joseph Dentistry is required by law to maintain the privacy and security of your protected health information (PHI). We are required to provide you with this Notice of our legal duties and privacy practices and to follow the terms of this Notice currently in effect.

How We May Use and Disclose Your Health Information

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

- **Treatment:** To provide, coordinate, or manage your health care and related services.
- **Payment:** To bill and collect payment for services you receive.
- **Health Care Operations:** For quality assessment and improvement, staff training, licensing/accreditation, compliance audits, and business management activities.
- **Appointment Reminders and Care Communications:** We may contact you to remind you of appointments or provide information about treatment alternatives or health-related services we offer.

Other Permitted and Required Disclosures

- As required by federal, state, or local law.
- For public health activities and to report abuse, neglect, or domestic violence as required by law.
- For health oversight activities (for example, audits, investigations, inspections, and licensure activities).
- For judicial and administrative proceedings (for example, in response to a court order or certain subpoenas).
- For law enforcement purposes as permitted by law.
- To avert a serious threat to health or safety, consistent with applicable law.
- To coroners, medical examiners, and funeral directors, as permitted by law.
- For workers' compensation and similar programs, as authorized by law (if applicable).

Special Protections for Substance Use Disorder (SUD) Records

We do not provide substance use disorder (SUD) treatment services. However, we may receive SUD records from other providers or facilities that are protected by a federal confidentiality law. If we receive such records, we apply the additional protections required by that law.

Limitations on Use/Disclosure of Federally Protected SUD Records (If Received)

If we receive SUD records protected by federal law (42 CFR Part 2):

- We will not use or disclose those records (or testimony relaying their contents) in civil, criminal, administrative, or legislative proceedings against you without your written consent or a specific court order, consistent with federal law.
- Requests from attorneys, subpoenas, or other legal demands are routed through our release-of-information process and reviewed for appropriate authority before any disclosure is made.

Redisclosure Warning

- **General notice:** Once information leaves our practice as permitted by law, it may be subject to redisclosure by the recipient and may no longer be protected by HIPAA.
- **Part 2 records:** If your information includes records protected by **42 C.F.R. Part 2**, federal law may restrict recipients from further using or disclosing those records unless permitted by **42 C.F.R. Part 2** or by your **written consent**.
- **Required notice:** “42 CFR Part 2 prohibits unauthorized use or disclosure of these records.”

Uses Requiring Your Authorization

We will obtain your written authorization for uses and disclosures not described in this Notice, including marketing (when required), the sale of PHI, and certain uses of psychotherapy notes (if applicable). You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

Your Rights

- **Inspect and obtain a copy** of your medical record (paper or electronic).
- **Request an amendment** if you believe information is incorrect or incomplete.
- **Request confidential communications** (for example, asking us to contact you at a different phone number or address).
- **Request restrictions** on certain uses and disclosures. If you pay for a service out-of-pocket in full, you may request that we not disclose information about that service to your health plan for payment or health care operations, and we will comply unless disclosure is required by law.
- **Receive an accounting of certain disclosures** (a list of certain disclosures we have made), as permitted by law.
- **Obtain a paper copy** of this Notice at any time, even if you agreed to receive it electronically.

Our Responsibilities

We are required to maintain the privacy and security of your health information, notify you following a breach of unsecured PHI, comply with applicable Michigan and federal privacy laws, and follow the terms of this Notice.

Changes to This Notice

We reserve the right to change the terms of this Notice at any time. Any revised Notice will apply to all PHI we maintain, including information created or received before the change. The current Notice will be posted in our office and on our website. You may request a paper copy at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR). You will not be retaliated against for filing a complaint.

HHS Office for Civil Rights (OCR) - How to File a HIPAA Privacy Complaint

- Online: OCR Complaint Portal (select "Violation of Privacy or Security of Health Information (HIPAA)").
- Phone: 1-800-368-1019 | TDD: 1-800-537-7697
- Email (general assistance): OCRMail@hhs.gov
- Midwest Regional Office (includes Michigan): Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601

Contact Information

Privacy Officer

St. Joseph Dentistry

3386 Niles Road, St. Joseph, MI 49085