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## HIPAA Privacy Practices

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**This notice describes how dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **A. Our Commitment to Your Privacy**

Lincoln Place Dentistry, PC is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of protected health information (PHI) that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain at Lincoln Place Dentistry concerning your PHI and your Treatment, Payment and Healthcare Operations information (TPO). By federal and state law, we must follow the terms of The Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI and TPO;
- Your privacy right regarding your IIHI, PHI and TPO;
- Our obligations concerning the use and disclosure of your PHI and your TPO

The terms of this notice apply to all records containing your IIHI that are created or retained by Lincoln Place Dentistry. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that Lincoln Place Dentistry has created or maintained in the past, and for any of your records that we may create or maintain in the future. Lincoln Place Dentistry will alert you of any changes to our Privacy Practices, and you may request a copy of our most current Notice at any time.

**B. If You Have Questions About This Notice, Please Contact:**

HIPAA Officer  
Lincoln Place Dentistry, PC  
564 N. Lincoln Ave.  
Loveland, CO 80537  
970-776-9140

**C. We May Use and Disclose Your Individually Identifiable Health Information (IIHI) in the Following Ways:**

The following categories describe the different ways in which we may use and disclose your IIHI.

- 1. Treatment:** Lincoln Place Dentistry may use your Health Information to treat you. For example, we may ask you to have laboratory tests (such as tissue tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for Lincoln Place Dentistry including, but not limited to the dentist and dental hygienist may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as a specialist from another organization, your spouse, your children, or your parents.
- 2. Payment:** Lincoln Place Dentistry may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, i.e. family members. Also, we may use your IIHI to bill you directly for services rendered.
- 3. Appointment Confirmations:** Lincoln Place Dentistry may use and disclose your IIHI to contact you to confirm appointment times.
- 4. Treatment Options:** Lincoln Place Dentistry may use and disclose your IIHI to inform you of potential treatment options or alternatives.
- 5. Health-Related Benefits and Services:** Lincoln Place Dentistry may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

6. **Release of Information to Family/Friends:** Lincoln Place Dentistry may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a relative take their child to the dentist's office for treatment of an emergency. In this example, the relative may have access to this child's medical information.
7. **Disclosures Required by Law:** Lincoln Place Dentistry will use and disclose your IIHI when we are required to do so by federal, state or local law.

#### **D. Use and Disclosure of Your IIHI in Certain Special Circumstances**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks:** Lincoln Place Dentistry may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths;
  - Reporting child abuse or neglect;
  - Preventing or controlling disease, injury or disability;
  - Notifying a person regarding potential exposure to a communicable disease;
  - Notifying a person regarding a potential risk for spreading or contracting a disease or a condition;
  - Reporting reactions to drugs or problems with products or devices;
  - Notifying individuals if a product or device they may be using has been recalled;
  - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information;
  - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities:** Lincoln Place Dentistry may disclose your IIHI and PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings:** Lincoln Place Dentistry may use and disclose your IIHI and/or PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI and/or PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if

we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. **Law Enforcement:** We may release IIHI and/or PHI if asked to do so by a law enforcement official:
  - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
  - Concerning a death we believe has resulted from criminal conduct;
  - Regarding criminal conduct at our offices;
  - In response to a warrant, summons, court order, subpoena or similar legal process;
  - To identify/locate a suspect, material witness, fugitive or missing person;
  - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator.
5. **Deceased Patients:** Lincoln Place Dentistry may release IIHI and/or PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
6. **Organ and Tissue Donation:** Lincoln Place Dentistry may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
7. **Research:** Lincoln Place Dentistry may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that [i] the information being sought is necessary for the research study, [ii] the use or disclosure of your PHI is being used only for the research, and [iii] the researcher will not remove any of your IIHI from Lincoln Place Dentistry; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the information of the decedents.
8. **Serious Threats to Health or Safety:** Lincoln Place Dentistry may use and disclose your IIHI when necessary to reduce or prevent a serious threat to you health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
9. **Military:** Lincoln Place Dentistry may disclose your IIHI and/or PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. **National Security:** Lincoln Place Dentistry may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
11. **Inmates:** Lincoln Place Dentistry may disclose your IIHI and/or PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/of (c) to protect your health and safety of the health and safety of other individuals.

## **E. Your Rights Regarding Your IIHI**

You have the following rights regarding the information that we maintain about you:

1. **Confidential Communications:** You have the right to request that Lincoln Place Dentistry communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to HIPAA Officer, Lincoln Place Dentistry, 564 N. Lincoln Ave, Loveland, CO 80537 specifying the requested method of contact, or the location where you wish to be contacted. Lincoln Place Dentistry will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions:** You have the right to request a restriction in our use or disclose of your TPO for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your TPO to only certain individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, PHI and/or TPO, you must make your request in writing to HIPAA Officer, Lincoln Place Dentistry, 564 N. Lincoln Ave, Loveland, CO 80537. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.
3. **Inspection and Copies:** You have the right to inspect and obtain a copy of the IIHI and/or PHI that may be used to make decisions about you, including patient dental records and billing records but not including psychotherapy notes. You must submit your request in writing to HIPAA Officer, Lincoln Place Dentistry, 564 N. Lincoln Ave, Loveland, CO 80537 in order to inspect and/or obtain a copy of your IIHI, PHI, and/or TPO. Lincoln Place Dentistry may charge a fee for the costs of printing, mailing, labor and supplies associated with your request.

Lincoln Place Dentistry may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial records for you by another licensed health care professional designated by Lincoln Place Dentistry to conduct reviews.

4. **Amendment:** You may ask Lincoln Place Dentistry to amend your treatment notes if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for Lincoln Place Dentistry. To request an amendment, your request must be made in writing and submitted to HIPAA Officer, Lincoln Place Dentistry, 564 N. Lincoln Ave, Loveland, CO 80537. You must provide Lincoln Place Dentistry with a reason that supports your request for amendment. Lincoln Place Dentistry will deny your request if you fail to submit your request (and reason for supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) no part of the IIHI kept by or for Lincoln Place Dentistry; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures:** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures Lincoln Place Dentistry has made of your IIHI for non-treatment or operations purposes. Use of your IIHI as part of the routine patient care of Lincoln Place Dentistry is not required to be documented. For example, the dentist sharing information with the hygienist or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to HIPAA Officer, Lincoln Place Dentistry, 564 N. Lincoln Ave, Loveland, CO 80537. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is free of charge, but Lincoln Place Dentistry may charge you for additional lists within the same 12-month period. Lincoln Place Dentistry will notify you of the costs involved with additional requests and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of this Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notices, contact the Lincoln Place Dentistry Office Manager.
7. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with the Lincoln Place Dentistry HIPAA Officer, Lincoln Place Dentistry, 564 N. Lincoln Ave, Loveland, CO 80537. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures:** Lincoln Place Dentistry will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding

the use and disclosure of your IIHI, PHI and/or TPO may be revoked at any time in writing. After you revoke your authorization, we will not longer use or disclose your IIHI for the reasons described in the authorization. Please note: we are required to retain records of your care here at Lincoln Place Dentistry.

**Again, if you have any questions regarding this notice or our health information privacy policies, please contact HIPAA Officer, Lincoln Place Dentistry, 564 N. Lincoln Ave., Loveland, CO 80537.**