Southern Oaks Dental

Notice of Privacy Practices

Effective Date: April 29. 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.

Our Commitment to Your Privacy

We are committed to protecting the privacy of your **Personal Health Information (PHI)**. By law, we are required to maintain the privacy of your PHI and follow the terms outlined in this Notice.

We may change our Notice at any time. Any changes will apply to all PHI we maintain. Revised notices will be available:

- By request in our office or by mail.
- Posted in our office.
- On our website.

How We May Use and Disclose Your PHI

We may use or share your PHI for the following purposes without your written authorization:

- **Treatment:** To provide health care services to you. This includes sharing information with our staff, your physician, or specialists (such as laboratories or home health agencies) involved in your care.
- **Payment:** To bill and collect payment for services. We may share PHI with billing companies, insurance providers, health plans, or collection agencies.
- **Health Care Operations:** To support business activities, such as training staff, quality improvement processes, and resolving internal complaints.
- **Friends and Family:** We may share information with those involved in your care or payment for services. If you are unable to agree or object, we will use professional judgment to determine if sharing is in your best interest (e.g., discussing post-procedure instructions with your driver).
- **Required by Law:** We may disclose PHI when required by law, such as reporting suspected abuse, neglect, or gunshot wounds.
- **Public Health and Safety:** For controlling disease, assisting in disaster relief, or notifying individuals at risk of exposure.
- **Legal and Government Purposes:** Including court orders, subpoenas, law enforcement requests, national security, or if you are in the custody of a correctional institution.
- **Specialized Disclosures:** This includes health oversight audits, medical research approved by a review board, coroners, and workers' compensation compliance.

Other Potential Contacts

- **Appointment Reminders:** We may contact you regarding upcoming appointments.
- **Treatment Alternatives:** We may notify you of options that could improve your health.
- **Fundraising:** We may contact you to raise money; however, you have the right to opt out.

Your Privacy Rights

All requests to exercise these rights must be submitted **in writing**.

- **Access to Records:** You have the right to inspect and obtain a copy of your PHI in paper or electronic format. We may charge a reasonable, cost-based fee for copies.
- **Restrictions:** You may request that we limit how we use your PHI for treatment, payment, or operations. While we are not required to agree, we **must** honor a request to restrict disclosure to a health plan if you pay for a service in full out-of-pocket.
- **Alternative Communications:** You may request that we contact you in a specific way or at a specific location (e.g., a P.O. Box).
- **Amendments:** If you believe your health information is incorrect, you may request an amendment. We may deny this request, but you will have the opportunity to disagree.
- **Accounting of Disclosures:** You may request a list of certain disclosures we have made of your PHI (excluding treatment, payment, and operations). You may request this for the previous six years; the first list in a 12-month period is free, while subsequent requests may cost $50.
- **Breach Notification:** You have the right to be notified following a breach of your PHI.

Complaints

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation by contacting:

- The **Practice Director** at 252-751-0770 \times2003$.
- The **Secretary of the U.S. Department of Health and Human Services**.

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