

## Notice of Privacy Practices

### A Notice to Our Patients Regarding Our Privacy Policy and Information Practices

The Doctors and Staff of Lake Grove Dental are fully committed to protecting the confidentiality of your personal, financial, and health information, as directed under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA") and your Protect Health Information ("PHI"). State and Federal law requires us to inform you of our policy and practices while we are providing services to you. In the event of a data breach, all patients affected would be contacted and a notice on our website posted.

**How We Protect Your Information:** We authorize individuals to access your personal information only to the extent necessary to conduct our business and serve you, such as when making and confirming dental appointments, submitting insurance claims, securing insurance benefit information, and submitting applications for third-party payment arrangements per your request. We take steps to secure our building, patient files, and electronic systems from unauthorized access. Our employees are trained regarding confidentiality and held to strict Office Policy and Procedures regarding your personal and health information, both written and verbal. All employees are subject to disciplinary action for violation of any of these policies and procedures. Information we may collect are name, Social Security Number, address, telephone number, employment, medical history, health records, claims information, and drivers license number.

**Why We May Share Information:** We may share your personal or health information with third parties in the course of normal business functions, with or without your prior authorization. Examples of such business functions include:

- Submission of dental claims
- Referrals to specialists
- Requests from other health care providers
- Requests to or from pharmacies
- Processing transactions you request
- Appointment notification via postcards, voice messages, email, or other written and verbal means
- Persons that you have specified and directed us to communicate with on the Privacy Policy Consent form

**Once the information leaves our office:** We no longer have control over how it will be used by the recipient. Other health care providers, health care insurance agencies and dental/medical laboratories will have the same stringent rules about HIPAA and PHI as we do, but if you have authorized us to share with individuals or agencies outside of the scope described you may no longer be protected by these rules.

**Your Patient Rights:** We gladly honor your right to request access to your personal information. To do so, you must submit a written request describing the information being requested. In rare cases, there may be a charge of \$.10 per page, or \$25.00 per hour of staff time, plus postage, to retrieve, copy and send the requested information. If we are able to locate and retrieve the information requested, within 30 days of your request we will:

- Inform you in writing or by telephone of the nature and substance of the personal information gathered.
- Permit you to see and copy that information in person, or to obtain a copy by mail at your preference.
- Disclose the persons with whom we've shared your personal information within the last 6 years (from the date you last signed our Notice of Privacy Acknowledgment Form), or if unavailable, the names of the organizations or persons to whom the information is normally disclosed.
- Provide a summary of the procedures by which you may request correction, amendment or deletion of personal info.

If you request correction, amendment or deletion of personal information, we will either comply with your request or notify you of our reasons for refusing to do so. You may then submit a statement telling us what you believe to be relevant and fair information, and the reasons you disagree with our decision. Your statements will then be filed with your personal information.

### SMS Communications Disclosure

By providing your mobile phone number and opting in, you agree to receive recurring automated text messages from Lake Grove Dental, including account updates, promotional offers (extremely rare), order confirmations, appointment reminders, and customer service communications.

Message frequency: Message frequency varies. You may receive up to 4 messages per month depending on patient's specific circumstances (e.g. pending appointment reminder, billing communication).

Rates: Message and data rates may apply. Check with your carrier for details.

To opt out: Reply STOP at any time to cancel. You will receive a one-time confirmation message and no further texts will be sent. We have the ability to terminate specific messaging. Please contact us if you would prefer to continue receiving messages on a more limited basis.

For help: Reply HELP for assistance or contact us at [info@lakegrovedental.com](mailto:info@lakegrovedental.com) or text/call 503.636.3641

Your privacy is important to us. We do not sell or share your mobile number with third parties for marketing purposes.