



NOTICE OF PRIVACY PRACTICES

30 Minutes Dental Care

42 Four Seasons Shopping Center, Suite 128, Chesterfield, MO 63017

314-467-8388

30minutesdentalcare@gmail.com

Privacy Officer: Nicole Moran - Operations Manager

Effective Date: 01/01/2026

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

1. Our Commitment to Your Privacy

At **30 Minutes Dental Care**, we are committed to protecting the privacy and confidentiality of your Protected Health Information (PHI). PHI includes any individually identifiable information created or received by our practice that relates to your past, present, or future physical or mental health condition, treatment, or payment for health care services.

We are required by federal law (the Health Insurance Portability and Accountability Act - HIPAA) to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice detailing our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

2. How We May Use and Disclose Your Health Information

The following categories describe different ways we may use and disclose your PHI **without** requiring your written authorization:

A. For Treatment

We may use and share your PHI to provide, coordinate, or manage your dental care and related services.

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- *Example:* Our dental hygienists, dentists, and dental assistants share your X-rays and chart notes to diagnose and treat tooth decay. We may also share your information with outside specialists (e.g., endodontists, periodontists, oral surgeons) or laboratories creating your crowns, dentures, or dental appliances.

B. For Payment

We may use and disclose your PHI to bill and collect payment from you, an insurance company, or a third party.

- *Example:* We submit dental claims containing your diagnosis, treatment plans, and procedure codes to your dental insurance provider so they can process payment for your care.

C. For Health Care Operations

We may use and disclose your PHI to run our practice, improve quality of care, and contact you when necessary.

- *Example:* We use patient health records to evaluate the quality of treatment provided by our clinical staff, conduct operational audits, or train new dental team members.

D. Appointment Reminders & Communications

We may contact you to remind you of scheduled appointments, recall visits (e.g., routine cleanings), or to provide information about treatment alternatives or health-related benefits. These communications may be conducted via phone, voicemail, email, or text message (SMS), subject to your communication preferences and consent.

SMS: TERMS AND CONDITIONS: By opting into SMS from a web form or other medium, you are agreeing to receive SMS messages from 30 Minutes Dental Care. This includes SMS messages for conversations (external). Message frequency varies. Message and data rates may apply. No mobile opt-in data will be shared with third parties. Reply STOP to any message to opt out. Message HELP for help.

See our privacy policy at: https://docs.google.com/document/d/1Ctjzcg1mJgnWOD9K-nQXu15zdXkLFCkM_wFBZjaw60Q/edit?usp=sharing.

You may also request a copy of these policies from the front desk. You may also sign an Authorization Form allowing us to release your information to whomever/wherever you should choose whenever requested.

3. Special Situations Where Uses and Disclosures Are Permitted or Required by Law

We may share your PHI without your authorization under specific circumstances, including:

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- **Public Health & Safety:** To public health authorities for preventing or controlling disease, injury, or disability; reporting child abuse or neglect; or reporting adverse events related to medications or dental devices.
- **Health Oversight Activities:** To government agencies for audits, investigations, inspections, and licensing necessary for the oversight of the health care system.
- **Law Enforcement & Judicial Proceedings:** In response to a court order, subpoena, warrant, or law enforcement request as permitted or required by applicable law.
- **Coroners, Medical Examiners, & Organ Donation:** To identify a deceased person, determine cause of death, or facilitate organ/tissue donation.
- **Worker's Compensation:** To comply with worker's compensation laws for work-related injuries or illnesses.
- **Business Associates:** We may share information with third-party vendors (such as billing services, cloud software providers, or IT consultants) who perform services on our behalf. All Business Associates must sign contracts agreeing to safeguard your PHI in compliance with HIPAA.

4. Uses and Disclosures Requiring Your Written Authorization

For any purpose not described above, we will only use or share your PHI with your explicit written authorization. You may revoke your authorization in writing at any time, except to the extent that we have already acted in reliance on it.

Specific examples requiring written authorization include:

- **Marketing Communications:** We will not use or disclose your PHI for marketing purposes or sell your information without your express permission.
- **Psychotherapy/Mental Health Notes:** (If applicable) Requires specific separate consent.
- **Dental Photography/Promotional Use:** Sharing clinical photos, before-and-after images, or testimonials on our website, social media, or marketing materials requires a signed release form.

5. Your Individual Rights Regarding Your Health Information

You have the following rights regarding the PHI we maintain about you:

A. Right to Inspect and Copy

You have the right to inspect and receive a paper or electronic copy of your dental records and billing information. Requests must be submitted in writing to our Privacy Officer. We may charge a reasonable, cost-based fee for copying and postage.

B. Right to Amend

If you feel that the PHI we have about you is incorrect or incomplete, you may request an amendment in writing. You must provide a reason supporting your request. We may deny your request if the record was not created by us, is not part of the medical record, or is determined to be accurate and complete.

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C. Right to an Accounting of Disclosures

You have the right to request a list (an accounting) of instances in which we shared your PHI for purposes other than treatment, payment, operations, or pursuant to your written authorization during the six years prior to your request.

D. Right to Request Restrictions

You have the right to request restrictions on how we use or share your PHI for treatment, payment, or operations. While we are not required to agree to most requests, **we must agree** if you ask us not to share information with your health plan for payment or operations purposes, and the PHI pertains solely to an item or service for which you (or someone on your behalf) paid out-of-pocket in full.

E. Right to Request Confidential Communications

You have the right to request that we communicate with you about dental matters in a specific way or at a specific location (e.g., calling your cell phone instead of your home phone, or sending mail to a P.O. Box).

F. Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

6. Changes to This Notice

We reserve the right to change the terms of this Notice at any time. The new provisions will apply to all PHI we currently maintain as well as any information we create or receive in the future. We will post a copy of the current Notice in our office reception area and on our website, with the effective date clearly indicated.

7. Complaints and Questions

If you believe your privacy rights have been violated, or if you have questions about this Notice, please contact our Privacy Officer:

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Attention: Operations Manager

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You may also file a formal complaint with the Secretary of the U.S. Department of Health and Human Services (HHS) Office for Civil Rights:

- **Online:** [HHS OCR Complaint Portal](#)
- **Phone:** 1-800-368-1019 (TDD: 1-800-537-7697)

We will not retaliate against you in any way for filing a complaint.

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