



NOTICE OF PRIVACY PRACTICES

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

I am required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA) to provide confidentiality for all medical/mental health records and other individually identifiable health information in my possession. This Notice is to inform you of the uses and disclosures of confidential information that may be made by Dr. Rolando R. Papagayo D.D.S., and of your individual rights and Dr. Rolando R. Papagayo D.D.S.'s legal duties with respect to confidential information. This notice takes effect 2/1/26 and will remain in effect until we replace it.

Ways in which I may use and disclose your protected Health information:

I may use and disclose at my discretion your medical records for each of the following purposes only: treatment, payment and health care operations.

Treatment means providing, coordinating or managing dental care and related services to your physician or other health care provider providing you treatment.

Payment means activities such as obtaining payment for the dental services I provide for you from your insurance or another third party payer.

Health Care Operations include the business aspects of running a practice.

To You or Your Representative We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to your personal representative, but only if you agree that we may do so.

Required by Law We will disclose health information when required by federal, state or local law.

Persons invold in Care We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of you absence or incapacity or in emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up x-rays or other similar forms of health information.

Disaster Relief We may use or disclose your health information to assist in disaster relief efforts.

Substance Use Disorder Treatment Records Some health information may be subject to additional protections under federal law. Specifically, **records relating to substance use disorder treatment** (if any) may be protected by **42 CFR Part 2**, a federal law that provides **more stringent confidentiality**

protections than HIPAA. If our dental practice creates, receives, or maintains substance use disorder treatment records, those records **may not be used or disclosed in the same manner as other health information**, even for purposes such as treatment, payment, or healthcare operations, unless permitted by law. In general, **substance use disorder treatment records may not be disclosed without your written consent**, except as allowed or required by federal law. *(As a general dental practice, we do not routinely provide substance use disorder treatment services; however, this notice describes your rights and our obligations if such records are created or received.)*

Appointment Reminders We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, text messages or emails.

Patient Rights

Access You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. you may also request access by sending us a letter to the address at the end of this notice. We will not charge for photocopies of your records, however if you request them in an alternative format, we will charge a cost-based fee for providing your information in that format.

Restriction You have the right to request that we place additional restriction on our use or disclosure of your health information. In most cases we are not required to agree to these additional restrictions, but if we do we will abide by our agreement (except when required by law.) We must comply with a request to restrict the disclosure of protected health information to a health plan for purposes of carrying out payment or health care operations (as defined by HIPAA) if the protected health information pertains solely to a healthcare item or service for which we have been paid out of pocket in full.

Disclosure Accounting You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities, for the last 6 years, but not before 2/1/2000. If you request this accounting more than once in a 12-month period, we may charge a reasonable cost-based fee for those additional request.

Alternative Communication You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice You may receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically on our Website or by email or text.

Questions and Complaints If you want more information about our privacy practices or have questions or concerns, please contact us.

Address: 640 W. Republic Rd. Ste 124 Springfield, MO 65807 Phone:(417)883-8448 Fax:(417)883-6448 Email: drpapagayo@aol.com

Please sign to indicate you understand my operation use of your information for treatment, payment and health care operations as stated above.

Signature_____Relationship to Patient_____

Today's date____/____/____
