

Hometown Dental

5393 Wesleyan Dr #107, Virginia Beach, VA 23455 • Phone & Fax: (276) 305-5079
General Dentistry

NOTICE OF PRIVACY PRACTICES

Effective Date: 8/1/26

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.

Our Commitment to Your Privacy

Hometown Dental (“we,” “us,” or “our”) is dedicated to maintaining the privacy of your protected health information (“PHI”), which includes information about your dental and health condition and the care and treatment you receive from us. We are required by law to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, to abide by the terms of this Notice, and to notify you if we are unable to agree to a requested restriction on the use or disclosure of your PHI. This Notice is provided to you in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”), as well as the Health Information Technology for Economic and Clinical Health Act (“HITECH”).

We are required to abide by the terms of this Notice currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. If we make a material change to this Notice, we will post the revised Notice in our office and on our website (if applicable), and you may request a copy at any time.

How We May Use and Disclose Your Health Information

The following categories describe the different ways in which we may use and disclose your PHI without your written authorization.

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your dental care and any related services. For example, we may disclose your PHI to a dental laboratory fabricating a crown, to a specialist to whom we refer you, or to another dentist covering our office.

Payment

We may use and disclose your PHI to obtain payment for the dental services we provide to you. For example, we may contact your dental or health insurance company to verify your coverage, to submit a claim, or to obtain prior authorization for a proposed treatment.

Healthcare Operations

We may use and disclose your PHI for our healthcare operations, which include activities necessary to run our practice and ensure our patients receive quality care. Examples include quality assessment and improvement activities, staff training, licensing, business planning, and internal audits.

Appointment Reminders and Treatment Options

We may use and disclose your PHI to contact you to remind you of an appointment (by phone, text, mail, or email) or to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care

We may release information to a family member, friend, or other person you identify who is involved in your dental care or payment for care, or, in the event of an emergency, to notify such a person of your location and general condition.

As Required by Law

We will disclose your PHI when required to do so by federal, state, or local law, including disclosures to the Secretary of the U.S. Department of Health and Human Services to investigate our compliance with HIPAA.

Public Health and Safety

We may disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and to public health authorities for purposes such as controlling disease, injury, or disability, or reporting adverse reactions to medications.

Health Oversight, Legal Proceedings, and Law Enforcement

We may disclose PHI to a health oversight agency for activities authorized by law, in response to a court or administrative order, subpoena, or discovery request, or to a law enforcement official for purposes such as identifying a suspect or reporting a crime, as permitted or required by law.

Workers' Compensation

We may disclose PHI to comply with workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Research

Under certain circumstances, and subject to specific safeguards, we may use or disclose your PHI for research purposes.

Business Associates

We may disclose your PHI to third-party "business associates" that perform functions on our behalf or provide us with services (such as billing services, dental laboratories, or IT support). To protect your PHI, we require these business associates to appropriately safeguard your information under a written agreement.

Other Uses and Disclosures Requiring Your Written Authorization

For any purpose other than those described above — including most uses and disclosures of psychotherapy notes (if applicable), marketing purposes, and the sale of PHI — we will ask for your written authorization. You may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons stated in the authorization, except to the extent we have already relied on it.

Your Rights Regarding Your Health Information

You have the following rights with respect to your PHI. To exercise any of these rights, please submit a written request to our Privacy Officer at the address listed below.

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your dental record and other records we use to make decisions about your care, with limited exceptions. We may charge a reasonable, cost-based fee for copies.

Right to Request Amendment

You have the right to request that we amend your PHI if you believe it is incorrect or incomplete. We may deny your request under certain circumstances, and if we do, we will provide you with a written explanation.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your PHI in the six years prior to your request, other than disclosures made for treatment, payment, healthcare operations, and certain other exceptions.

Right to Request Restrictions

You have the right to request a restriction on the PHI we use or disclose for treatment, payment, or healthcare operations. We are not required to agree to your request, except that we must agree to a restriction on disclosure to a health plan for payment or healthcare operations purposes if the PHI relates solely to a service that you (or someone on your behalf, other than the health plan) paid for in full out of pocket.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your PHI by alternative means or at an alternative location (for example, by contacting you only at a work number or a specific mailing address).

Right to a Paper Copy of This Notice

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

Right to Be Notified of a Breach

You have the right to be notified in the event that we (or a business associate) discover a breach of your unsecured PHI.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against in any way for filing a complaint.

File a complaint with our practice: Privacy Officer: Deqi Zhou Hometown Dental 5393 Wesleyan Dr #107, Virginia Beach, VA 23455 Phone: (276) 305-5079 Email: admin@hometowndentalvb.com	File a complaint with HHS: U.S. Dept. of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 www.hhs.gov/ocr/privacy/hipaa/complaints
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Contact Information

If you have questions about this Notice or would like more information about our privacy practices, please contact:

Privacy Officer: **Deqi Zhou**
Practice: **Hometown Dental**
Address: **5393 Wesleyan Dr #107, Virginia Beach, VA 23455**
Phone: **(276) 305-5079**
Email: **admin@hometowndentalvb.com**