the dental loft
emmetsburg, iowa

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 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.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices described in this Notice while it is in effect.
We reserve the right to change our privacy practices and the terms of this Notice as permitted by law. When we make a material change, we will update the Notice, post it clearly and prominently at our practice location, and provide copies upon request. You may request a paper or electronic copy at any time.

YOUR RIGHTS

- Get a copy of your paper or electronic medical/dental record, subject to applicable legal exceptions.
- Ask us to correct information you believe is incorrect or incomplete.
- Request confidential communications by a particular method or at a particular location.
- Ask us to limit what we use or share. If you pay in full out-of-pocket for a service and ask us not to disclose that information to your health plan for payment or health care operations, we will agree unless law requires disclosure.
- Get a list of certain disclosures, subject to legal exceptions.
- Get a paper or electronic copy of this Notice at any time.
- Choose a person to act for you when legally authorized.
- File a complaint with us or HHS. We will not retaliate.

YOUR CHOICES

- Tell us whether we may share relevant information with family, friends, or others involved in your care or payment, as permitted by law.
- We may share information for disaster relief when permitted by law.
- We will obtain written authorization when HIPAA requires it for marketing, sale of PHI, or other uses/disclosures not otherwise permitted or required. You may revoke authorization in writing as permitted by law.
- If applicable, you may opt out of fundraising communications.

HOW WE MAY USE AND DISCLOSE

- Treatment — To provide, coordinate, or manage your dental care and communicate with providers involved in your care.
- Payment — To bill, collect payment, submit claims, determine eligibility/coverage, and obtain payment.
- Health care operations — For quality improvement, training, compliance, credentialing, business management, and improving services.
- Public health — For disease prevention/reporting, product/device safety, recalls, and abuse/neglect reporting when permitted or required.
- Required by law — When federal, state, or local law requires it.
- Health oversight — For audits, investigations, inspections, licensure, credentialing, and compliance activities.

OTHER PERMITTED DISCLOSURES

- Law enforcement — As permitted by HIPAA, required by law, or in response to appropriate legal process.
- Judicial/administrative proceedings — As permitted by applicable law in response to an order or other lawful process.
- Workers' compensation — As authorized and necessary to comply with workers' compensation laws.
- Research — When approved and permitted by law with appropriate privacy safeguards.
- Coroners/medical examiners/funeral directors — As permitted by law.
- National security and correctional institutions — As permitted by applicable law.
- Secretary of HHS — When required to investigate or determine compliance with HIPAA.
- Serious threats — When permitted by law to prevent or lessen a serious and imminent threat.

SPECIAL PROTECTIONS / 2026 UPDATE

If this practice creates or maintains substance use disorder (SUD) patient records protected by 42 U.S.C. § 290dd-2 and 42 CFR Part 2, those records receive additional federal protections. To the extent Part 2 applies to records we maintain, we will follow applicable Part 2 consent, use, disclosure, and legal-process requirements. Certain disclosures for investigations or legal proceedings against a patient may require written consent or a court order and subpoena, as applicable.

OTHER USES AND DISCLOSURES

Your written authorization is generally required for psychotherapy notes, marketing, sale of PHI, and other uses/disclosures not otherwise permitted or required by law. You may revoke an authorization in writing, subject to actions already taken in reliance on it.

YOUR HEALTH INFORMATION RIGHTS

- Access — You may request your health information in writing. Electronic copies will be provided in the requested/readily producible format when applicable.
- Accounting — You may request an accounting of certain disclosures as allowed by law.
- Restriction — You may request restrictions in writing. We are not required to agree except where HIPAA requires it, including certain out-of-pocket payment situations.
- Alternative communication — You may request communication by alternative means or locations; reasonable requests will be accommodated.
- Amendment — You may request correction of your health information in writing. We may deny requests in certain circumstances and will explain any denial.
- Breach notification — You will receive notice of breaches of unsecured PHI as required by law.
- Electronic notice — You may request a paper copy even if you agreed to receive the Notice electronically.

QUESTIONS, COMPLAINTS & CONTACT INFORMATION

If you have questions, want another copy, or want to exercise a privacy right, contact our Privacy Official. If you believe your privacy rights have been violated, you may complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Privacy Official	Dr. Jena Hauswirth	**Telephone**	(712) 852-3777
Address	2211 10th Street, Emmetsburg, Iowa 50536	**Fax**	(712) 264-5660

Email: hello@dentalloftiowa.com

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement. I have received a copy of this office's Notice of Privacy Practices. Signing confirms only that I received the Notice; it does not mean I agree to special uses or disclosures.

Patient Printed Name: _____

Patient / Legal Representative Signature: _____

Relationship / Authority (if applicable): _____

Date: _____

FOR OFFICE USE ONLY — If acknowledgement could not be obtained: ☐ Individual refused to sign ☐ Communication barrier ☐ Emergency situation ☐ Other: _____

Staff Member / Initials: _____

Current Notice available upon request and posted prominently in the office. See HHS/OCR requirements for distribution and website posting.