

NOTICE OF PRIVACY PRACTICES

Anderson Family Dental, PA
Effective Date: February 1, 2026

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

The privacy of your health information is important to us.

OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy of your Protected Health Information (“PHI”);
- Provide you with this Notice of our legal duties and privacy practices;
- Notify you following a breach of unsecured PHI; and
- Follow the terms of this Notice currently in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by law. Any revised Notice will apply to all PHI we maintain, including information created or received before the change. A current copy of this Notice will be available in our office and on our website. You may request a copy at any time.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI without your written authorization for the following purposes:

1. Treatment

We may use or disclose your PHI to provide, coordinate, or manage your dental care.

Example: We may share information with a specialist or oral surgeon involved in your treatment.

2. Payment

We may use or disclose your PHI to obtain payment for services provided to you.

Example: Submitting claims to your dental insurance plan.

3. Health Care Operations

We may use or disclose your PHI for practice operations, including:

- Quality assessment and improvement
- Staff training
- Licensing and accreditation
- Business planning and management
- Fraud and abuse detection
- Customer service and complaint resolution

We may also share PHI with another provider or health plan for certain care coordination and quality activities if they have had a relationship with you.

OTHER PERMITTED USES AND DISCLOSURES

We may also use or disclose PHI:

- To individuals involved in your care or payment for care (family or others you identify)
- For public health activities
- For health oversight activities
- For research (subject to legal safeguards)
- For judicial and administrative proceedings
- For law enforcement purposes
- To coroners, medical examiners, or funeral directors
- For workers’ compensation programs
- To avert a serious threat to health or safety
- As required by law
- To the Secretary of the U.S. Department of Health and Human Services for HIPAA compliance investigations
- For disaster relief efforts

SPECIAL PROTECTIONS FOR CERTAIN INFORMATION

Certain information receives additional protections under federal and Minnesota law, including:

- Substance Use Disorder (SUD) treatment records
- HIV/AIDS information
- Mental health records

- Genetic information (GINA)
- Sexually transmitted infection and reproductive health information

We comply with all applicable federal and Minnesota privacy laws. Where state or federal law is more protective than HIPAA, we follow the more stringent law.

In accordance with 2024 federal HIPAA updates, we will not use or disclose PHI related to lawful reproductive health care for investigations or proceedings in a manner prohibited by federal law.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization for:

- Use or disclosure of psychotherapy notes (if applicable)
- Marketing communications where required by law
- Sale of PHI (we do not sell PHI)
- Any other use or disclosure not described in this Notice

You may revoke your authorization in writing at any time, except to the extent we have already relied upon it.

APPOINTMENT REMINDERS & COMMUNICATIONS

We may contact you by phone, voicemail, mail, email, or text message for:

- Appointment reminders
- Treatment information
- Billing matters
- Legally required notices, including breach notifications

You may request restrictions on certain communication methods.

BUSINESS ASSOCIATES

We may share PHI with business associates that perform services for us (such as billing services or IT providers). These entities are required by contract to protect your information in accordance with HIPAA.

YOUR RIGHTS

You have the following rights regarding your PHI:

1. Right of Access

You have the right to inspect and obtain a copy of your PHI in paper or electronic form.

You may request that we provide the information in a specific format if readily producible.

We may charge a reasonable, cost-based fee for copies. If we deny access, you have the right to request a review of that denial as permitted by law.

2. Right to Request Amendment

You may request that we amend your PHI. Requests must be in writing and include a reason.

If we deny your request, you will receive a written explanation and may submit a statement of disagreement.

3. Right to an Accounting of Disclosures

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

The first accounting in a 12-month period is free. We may charge a reasonable fee for additional requests.

4. Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your PHI.

We are not required to agree to most requested restrictions. However, we must agree to a request to restrict disclosure to a health plan for payment or healthcare operations purposes if:

- The disclosure is not otherwise required by law; and
- The PHI relates solely to a healthcare item or service for which you (or someone on your behalf other than the health plan) have paid us in full.

5. Right to Confidential Communications

You may request that we communicate with you by alternative means or at alternative locations. We will accommodate reasonable requests.

6. Right to a Paper Copy

You may request a paper copy of this Notice at any time.

7. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with:

Our Privacy Officer:

Natalie Anderson
209 McLean Ave, PO Box 756
Coleraine, MN 55722

218-245-1278
natalie@andersonfamilydentalmn.com

OR: US Dept of Health & Human Services

Office for Civil Rights

<https://www.hhs.gov/ocr/complaints>

We will not retaliate against you for filing a complaint.