

# **Sample HIPAA Notice of Privacy Practices (NPP) for Laurel Smile Dentistry and All Associated Businesses and Vendors**

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## **NOTICE OF PRIVACY PRACTICES**

Effective Date: 07/09/2025

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.

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## **Our Commitment to Your Privacy**

At Laurel Smile Dentistry, your privacy is our highest priority. We are dedicated to protecting your health information in accordance with federal and state law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice of Privacy Practices ("Notice") applies to all records of your care generated by Laurel Smile Dentistry and any associated businesses or vendors (collectively, "we," "us," or "our") that provide services on our behalf. This includes, but is not limited to, dental laboratories, billing companies, IT support, website hosting, and other business associates who may access your protected health information (PHI) in the course of supporting our operations.

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## **Who Will Follow This Notice**

This Notice describes the privacy practices of:

- Laurel Smile Dentistry and all staff, employees, and volunteers.
- Any associated businesses and vendors that provide services to or on behalf of Laurel Smile Dentistry under a HIPAA-compliant Business Associate Agreement (BAA).
- All departments, units, and locations of Laurel Smile Dentistry.

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## **Our Legal Duties**

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI).
- Provide you with this Notice of our legal duties and privacy practices.

- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Abide by the terms of this Notice currently in effect.

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## **How We May Use and Disclose Your Health Information**

We use and disclose your PHI for the following purposes, as permitted or required by law:

### **1. Treatment**

We may use and disclose your PHI to provide, coordinate, or manage your dental care and related services. For example, we may share your PHI with:

- Other dentists, dental specialists, physicians, or healthcare providers involved in your care.
- Dental laboratories or imaging centers for fabrication of dental appliances or diagnostic purposes.
- Associated vendors who assist in treatment planning or delivery.

### **2. Payment**

We may use and disclose your PHI to obtain payment for services provided to you. This may include:

- Submitting claims to your dental or medical insurance carrier.
- Providing information to billing companies or collection agencies.
- Verifying insurance eligibility and coverage.

### **3. Health Care Operations**

We may use and disclose your PHI for our internal operations, including:

- Quality assessment and improvement activities.
- Reviewing the competence and performance of our staff.
- Training and education of dental professionals and staff.
- Accreditation, certification, licensing, or credentialing activities.
- Conducting business planning and management.

#### **4. Business Associates**

We may disclose your PHI to third-party “business associates” who perform services on our behalf (e.g., billing, IT support, dental laboratories, website hosting, secure email, cloud storage, shredding services). All business associates are required by law and contract to safeguard your PHI and use it only for the purposes for which they were engaged. We maintain signed Business Associate Agreements (BAAs) with all such vendors, ensuring they comply with HIPAA and applicable state privacy laws.

#### **5. Appointment Reminders and Communications**

We may use and disclose your PHI to contact you regarding appointment reminders, treatment options, or other health-related benefits and services that may be of interest to you.

#### **6. As Required by Law**

We will disclose your PHI when required to do so by federal, state, or local law, including:

- Reporting suspected abuse, neglect, or domestic violence.
- Responding to court orders, subpoenas, or other legal proceedings.
- Complying with public health reporting requirements.

#### **7. Other Permitted Uses and Disclosures**

We may also use or disclose your PHI for the following purposes, as permitted by law:

- To avert a serious threat to health or safety.
- For health oversight activities (e.g., audits, inspections, investigations).
- For research purposes (with appropriate approvals and safeguards).
- For workers’ compensation claims.
- For law enforcement purposes.

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### **Uses and Disclosures Requiring Your Written Authorization**

Certain uses and disclosures of your PHI require your written authorization, including:

- Most uses and disclosures of psychotherapy notes (if any).
- Uses and disclosures for marketing purposes.
- Disclosures that constitute a sale of PHI.
- Any other use or disclosure not described in this Notice.

If you provide us with written authorization, you may revoke it at any time in writing, except to the extent that we have already acted in reliance on your authorization.

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## **Your Rights Regarding Your Health Information**

You have the following rights regarding your PHI:

### **1. Right to Inspect and Copy**

You have the right to inspect and obtain a copy of your PHI maintained in our records, with limited exceptions. Requests must be made in writing. We may charge a reasonable fee for copies.

### **2. Right to Amend**

If you believe that your PHI is incorrect or incomplete, you may request an amendment. Requests must be made in writing and provide a reason for the amendment. We may deny your request under certain circumstances, but you will be notified in writing if we do so.

### **3. Right to an Accounting of Disclosures**

You have the right to request a list (“accounting”) of certain disclosures of your PHI made by us in the past six years, excluding disclosures for treatment, payment, health care operations, and certain other exceptions.

### **4. Right to Request Restrictions**

You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree to your request, except for certain disclosures to health plans when you have paid in full out-of-pocket for a service.

### **5. Right to Request Confidential Communications**

You have the right to request that we communicate with you about dental matters in a certain way or at a certain location (e.g., only at work, not at home). We will accommodate reasonable requests.

## **6. 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 have agreed to receive it electronically.

## **7. Right to Be Notified of a Breach**

You have the right to be notified if your unsecured PHI is breached.

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## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.
- We will provide you with this Notice and abide by its terms.
- We will notify you promptly if a breach occurs that may have compromised your PHI.
- We will not use or disclose your PHI for purposes other than those described in this Notice without your written authorization.

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## **Changes to This Notice**

We reserve the right to change this Notice at any time. Any changes will apply to all PHI we maintain. The revised Notice will be posted in our office and on our website, with the new effective date clearly indicated. You may request a copy of the current Notice at any time.

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## **Complaints**

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

To file a complaint with us, contact:

Privacy Officer  
Laurel Smile Dentistry  
3630 MacArthur Blvd  
Oakland, CA 94619  
Phone: (510) 530-3317  
Email: [info@laurelsmiledentistry.com](mailto:info@laurelsmiledentistry.com)

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## Contact Information

If you have any questions about this Notice or our privacy practices, please contact our Privacy Officer at the address and phone number above.

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## Associated Businesses and Vendors

This Notice applies to all associated businesses and vendors that provide services to or on behalf of Laurel Smile Dentistry and may have access to your PHI, including but not limited to:

- Dental laboratories
- Billing and coding companies
- IT support and cybersecurity vendors
- Website hosting and online form providers
- Cloud storage and backup services
- Secure email and communication platforms
- Shredding and document destruction services
- Practice management software providers
- Marketing and patient communication vendors (when handling PHI)
- Any other third-party service provider with access to PHI

All such vendors are required to sign a Business Associate Agreement (BAA) and are legally bound to protect your PHI in accordance with HIPAA and applicable state law.