University of Missouri-Kansas City School of Dentistry
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW
HEALTH INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESSTO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect December 18, 2024, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Changes in our privacy practices and the new terms of our Notice will be effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request and on our website at dentistry.umkc.edu.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment:
We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment:
We may use and disclose your health information to obtain payment for services we provide to you. This includes disclosures to companies with which we have business associate agreements.

Healthcare Operations:
We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization:
In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to person(s) identified by you, for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures of your health information permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends:
We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, unless you object.

Persons Involved 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 any opportunity to object to this. In the event of your incapacity or 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 filled prescriptions, medical supplies, 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.

Marketing Health-Related Services:
We will not use your health information for marketing communications without your written authorization.

Required By Law:
We may use or disclose your health information when we are required to do so by law. These include but are not limited to public health activities, workers' compensation, judicial and administrative proceedings, coroners and medical examiners activities and law enforcement.

Abuse or Neglect:
We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. In accordance with the applicable law, we may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security/Military/Correctional:
We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose, as required by law, protected health information to correctional institution or law enforcement officials having lawful custody of an inmate or patient.

Secretary of HHS:
We will disclose your health information to the Secretary of the US Department of Health and Human Services when required to investigate or determine compliance with HIPAA or other laws.

Research:
In some limited situations, the law allows us to use your health information without your authorization for health-related research. The Dental School and its practitioners serve as researchers in connection with certain clinical trials. Our participation may be of benefit to you but in order to provide you with useful information we may review your dental record from time to time to determine whether you may be eligible to participate in certain studies. Researchers may also use your health information when their research has been approved by an institutional review board and safeguards are in place to ensure the privacy of your health information.

Appointment Reminders:
We may use or disclose your health information to provide you with an appointment reminder (such as voicemail messages, postcards or letters).

Other Uses and Disclosures of PHI:
We will not use or disclose your health information for fundraising or marketing purposes, and we will not sell your health information, without first obtaining your authorization. We will not disclose psychotherapy notes about you from your psychotherapist without your written authorization.

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. We will charge you reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address listed at the end of this Notice. If you request copies, we will charge you a fee in accordance with applicable law for staff time to locate and copy your health information and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

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, health care operations and certain other activities, for the last six (6) years. If you request this accounting more than once in a twelve (12) month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction:
You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions. You have the right to request that we not disclose your health information to a health plan where the **disclosure is to a health plan for purposes of carrying out payment or health care operations,** and the information pertains solely to a health care service for which you, or someone on your health, has paid the Dental School in full.

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

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.

Right to Notification of a Breach:
We will notify you if there has been a breach of your health information unless we determine that there is a low probability that your information has been compromised.

Electronic Notice:
You may receive this Notice on our web site or by electronic mail (e-mail); you are entitled to receive this Notice in written form upon request.

QUESTIONS AND COMPLAINTS

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

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Eric Gottman, DDS

Telephone: 816-235-2137

Fax: 816-235-5472

E-Mail: gottmane@umkc.edu

Address: 650 East 25th Street
Kansas City, Missouri 64108

December 18, 2024

Acknowledgment of Receipt of Notice of Privacy Practices

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal health care operations such as quality assessments and physician certifications.

I have received, read and understand the *Notice of Privacy Practices* document containing a more complete description of the uses and disclosures of my health information. I understand that **UMKC Dental Faculty Practice** has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address below for a current copy of the document.

Do we have your permission to:

Leave a message on your answering machine?	☐ Yes	☐ No
Confirm appointments by leaving messages or speaking with family?	☐ Yes	☐ No
Leave pre-medication reminders (if applicable)?	☐ Yes	☐ No
Speak to household members concerning your care?	☐ Yes	☐ No

Patient name	Signature	Date
Name/relationship to patient	Signature	Date

FOR OFFICE USE ONLY

Practice provided the above-referenced patient with the Practice's Notice of Privacy Practices and this Acknowledgment of Receipt of Notice of Privacy Practices, but could not obtain a signed acknowledgment form because:

☐ Patient or guardian refused to sign

☐ Emergency situation

☐ Other: _____

Disclaimer: While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial, or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.

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