



# allen & holm

FAMILY & COSMETIC DENTISTRY

## Allen & Holm Family & Cosmetic Dentistry HIPAA Privacy Policy & Notice of Privacy Practices

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**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.**

### OUR LEGAL DUTY

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 with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in the Notice while it is in effect. The Notice takes effect 02/16/2026 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request. 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.

### Permitted Uses and Disclosures of PHI

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

1. **Treatment** – To provide, coordinate, or manage your health care and related services.
2. **Payment** – We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, and insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.
3. **Health Care Operations** – For activities that support quality assessment, training, accreditation, and business management.
4. **Individuals Involved in Your Care or Payment for Your Care.** We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority.
5. **Disaster Relief.** We may use or disclose your health information to assist in disaster relief efforts.
6. **Required by Law.** We may use or disclose your health information when we are required to do so by law.
7. **Public Health Activities.** We may disclose your health information for public health activities, including disclosures to: \*Prevent or control disease, injury or disability; \*Report child abuse or neglect; \*Report

reactions to medications or problems with products or devices; \*Notify a person of a recall, repair, or replacement of products or devices; \*Notify a person who may have been exposed to a disease or condition; or \*Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

8. **National security.** 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 to correctional institution or law enforcement official have lawful custody the protected health information of an inmate or patient.
9. **Secretary of HHS.** We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.
10. **Worker's Compensation.** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
11. **Law Enforcement.** We may disclose your PHI for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.
12. **Health Oversight Activities.** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
13. **Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.
14. **Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
15. **Coroners, Medical Examiners, and Funeral Directors.** We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.
16. **Fundraising.** We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

### Special Protections:

- **Substance Use Treatment Records:** Federal law (42 CFR Part 2) provides extra privacy protections for records related to substance use treatment. These records will only be disclosed with your written consent or as permitted by law.
- **Reproductive Health Information:** PHI related to reproductive health services (e.g., family planning, abortion services, fertility treatment) will be treated with heightened confidentiality and will not be disclosed without your written authorization except as required by law.

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### Other Uses and Disclosures

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or

disclosing your PHI for purposes other than those provided for in the Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization

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### **Individual Rights**

You have the right to:

1. **Access** – You have the right to look at or get copies of your health information, with limited exceptions. You may obtain a form to request access by using the contact information listed at the end of the Notice. You may also request access by sending us a letter to the address at the end of this Notice.
2. **Accounting of Disclosures** – Receive a list of disclosures of your PHI outside of treatment, payment, and operations.
3. **Request Restrictions** – Ask us to limit how your PHI is used or disclosed.
4. **Request Confidential Communications** – Request communications by alternative means or locations.

Requests should be submitted in writing to our Privacy Officer.

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### **Legal Duties**

We are required by law to:

- Maintain the privacy of your PHI, including sensitive substance use and reproductive health information.
- Provide you with this Notice of Privacy Practices.
- Abide by the terms of this Notice currently in effect.

We reserve the right to revise this Notice. If changes occur, a revised Notice will be posted at our facility, on our website, and made available to patients upon request.

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### **Breach Notification**

In the event of a breach of unsecured PHI, we are required to notify affected individuals promptly, as well as the Department of Health and Human Services (HHS), in accordance with HIPAA regulations.

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### **Internal Policies and Procedures**

To ensure compliance with HIPAA and other privacy laws, Allen & Holm Family & Cosmetic Dentistry maintains the following policies:

1. **Minimum Necessary Standard** – Only the minimum necessary PHI is accessed, used, or disclosed.
2. **Business Associate Agreements (BAAs)** – All third-party vendors (Business Associates) who handle PHI are under HIPAA-compliant agreements that require them to protect the confidentiality, integrity, and security of your PHI. These agreements are reviewed and updated regularly.
3. **Training** – All employees receive ongoing HIPAA and confidentiality training, including training on substance use records (42 CFR Part 2), reproductive health privacy, and working with Business Associates.

4. **Non-Retaliation Policy** – No retaliation will occur against individuals filing a privacy complaint.
  5. **Record Retention** – All privacy-related records are retained for at least six years.
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### **Complaints / Contact Information**

If you believe your privacy rights have been violated:

1. File a complaint with our Privacy Officer:

Allen & Holm Family & Cosmetic Dentistry

Privacy Officer: Ashley Logelin

Phone: 952-435-3335

Email: [info@myburnsvilledentist.com](mailto:info@myburnsvilledentist.com)

Address: 14000 Nicollet Ave S. Suite 302, Burnsville, MN 55337

2. You may also file a complaint with the Secretary of HHS. Filing a complaint will not result in retaliation.
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### **Distribution and Posting**

- This Notice is posted prominently at our facility and on our website.
  - Patients receive a copy of this Notice at the first service encounter and upon request.
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