

Cash Family Orthodontics

Our Commitment to Your Privacy

We are committed to protecting the privacy of your health information. This Notice describes how we may use and disclose your protected health information (PHI) and your rights regarding that information, in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations.

How We May Use and Disclose Your Health Information

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your orthodontic care and any related services. For example, we may share your information with a dental specialist or oral surgeon to whom we refer you.

Payment

We may use and disclose your PHI so that treatment and services you receive may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a procedure you received in order to obtain payment.

Health Care Operations

We may use and disclose your PHI in connection with our practice's health care operations, which include quality assessment and improvement, reviewing the qualifications of our dental professionals, training, conducting or arranging for other business activities, and contacting you for appointment reminders or to discuss treatment alternatives.

Other Permitted Uses and Disclosures

- **As Required by Law:** We will disclose your PHI when required to do so by federal, state, or local law.
- **Public Health Activities:** We may disclose your PHI for public health activities, including reporting communicable diseases or reporting to the FDA regarding the quality, safety, or effectiveness of a product.

- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Judicial and Administrative Proceedings:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may release your PHI to law enforcement officials for specific purposes as permitted under HIPAA.
- **Serious Threats to Health or Safety:** To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Workers' Compensation:** We may release your PHI for workers' compensation or similar programs providing benefits for work-related injuries or illness.

Uses and Disclosures Requiring Your Authorization

Other uses and disclosures of your PHI not covered by this Notice, or not permitted by HIPAA, will be made only with your written authorization. You may revoke your authorization at any time in writing, except where we have already taken action in reliance on your authorization.

We will not sell your PHI without your authorization. We will not use or disclose your PHI for marketing purposes without your authorization (with limited exceptions).

Substance Use Disorder Records

Federal law (42 CFR Part 2) provides special protections for records related to substance use disorder (SUD) treatment obtained from federally-assisted programs. If we receive SUD treatment records about you from a Part 2 Program in the course of providing or coordinating your care, those records are subject to the following additional protections:

- SUD treatment records protected under 42 CFR Part 2 may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a specific court order that meets the requirements of 42 CFR Part 2.
- We will not use or disclose your Part 2 protected records for fundraising or marketing without your written authorization. If we intend to use such records for fundraising, you will be given a clear opportunity to opt out.
- These records receive the highest level of confidentiality protection and may only be shared as permitted by both HIPAA and 42 CFR Part 2.

This notice satisfies the requirements of the HIPAA Privacy Rule as amended to incorporate 42 CFR Part 2 protections, effective February 16, 2026.

Your Rights Regarding Your Health Information

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your PHI that we maintain in a designated record set. Requests must be submitted in writing to our Privacy Officer.
 - **Right to Request an Amendment:** If you believe your PHI is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances.
 - **Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures we have made of your PHI, other than disclosures made for treatment, payment, or health care operations.
 - **Right to Request Restrictions:** You have the right to request restrictions on how we use or disclose your PHI. We are not required to agree to your request, except that we must agree to a restriction on disclosures to a health plan for payment or health care operations if the item or service was paid out of pocket and in full.
 - **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your PHI by alternative means or at alternative locations (e.g., home instead of work).
 - **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this Notice upon request.
 - **Right to Breach Notification:** You have the right to receive notification in the event of a breach of your unsecured PHI.
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Our Duties

We are required by law to maintain the privacy of your PHI and to provide you with this Notice. We are required to abide by the terms of the 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 applicable law. Changes will apply to PHI we already hold as well as PHI we receive in the future. The updated Notice will be posted in our office and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our practice 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 our practice, contact our Privacy Officer:

- **Privacy Officer: Dr. Tara Cash**
- **Phone: 417-881-7512**
- **Email: smiles@cashfamilyorthodontics.com**
- **Address: 2844 S. Ingram Mill Road, Springfield, MO 65804**

To file a complaint with the U.S. Department of Health and Human Services, visit www.hhs.gov/ocr/privacy/hipaa/complaints/ or call 1-800-368-1019.

Contact Us

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Springfield, Missouri 65804

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