

HOMETOWN FAMILY DENTAL
26 SOUTH MAIN STREET
ALBIA, IA, 52531
641-932-2729



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW 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 DUTY

Hometown Family Dental is required by federal and state law to maintain the privacy and security of your protected health information (PHI). We are required to provide you with this Notice of our legal duties and privacy practices and to follow the terms of this Notice currently in effect.

We reserve the right to change the terms of this Notice at any time, provided such changes are permitted by law. Any changes will apply to all PHI we maintain, including information created or received before the change. When material changes are made, we will update this Notice and make the revised Notice available upon request and in our office.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

We may use or disclose your health information to provide, coordinate, or manage your dental care and related services. This includes sharing information with other healthcare providers involved in your care.

Payment

We may use and disclose your health information to bill and collect payment for services provided, including disclosures to insurance companies, benefit plans, or other payers.

Health Care Operations

We may use or disclose your health information for practice operations, including quality assessment, staff training, licensing, credentialing, audits, compliance activities, and business management.

Appointment Reminders and Communication

We may contact you to remind you of appointments or provide information about treatment alternatives or other health-related benefits and services. This may include voicemail messages, postcards, emails, patient portals, or text messages, unless you request otherwise.

Persons Involved in Your Care

We may disclose your health information to a family member, friend, or other person involved in your care or payment for your care, unless you object or request restrictions.

Required by Law

We may use or disclose your health information when required to do so by federal, state, or local law.

Public Health, Safety, and Oversight Activities

We may disclose health information for public health reporting, audits, investigations, inspections, licensing, or other government oversight activities.

Abuse, Neglect, or Domestic Violence

We may disclose health information to appropriate authorities if we reasonably believe you are a victim of abuse, neglect, or domestic violence, as required or permitted by law.

National Security and Law Enforcement

We may disclose health information for lawful intelligence, national security activities, military purposes, or to correctional institutions or law enforcement officials as permitted by law.

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SPECIAL PROTECTIONS FOR CERTAIN SENSITIVE INFORMATION

Substance Use Disorder (SUD) Records

Records related to substance use disorder diagnosis, treatment, or referral for treatment that are subject to 42 CFR Part 2 receive special protections. Beginning February 2026, such records generally may not be used or disclosed without your specific written consent, except as permitted or required by law. You have the right to revoke consent as allowed by law.

Reproductive Health Information

We will not use or disclose reproductive health information for the purpose of investigating or imposing liability related to lawful reproductive health care, including but not limited to contraception, pregnancy care, miscarriage management, or abortion, as required by federal law. We will not disclose such information in response to legal requests unless we have verified that the request complies with applicable privacy protections.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Access

You have the right to inspect and obtain a copy of your health information, in paper or electronic form, within the timeframes required by law. You may request that information be sent to a third party of your choosing.

Right to Request Restrictions

You have the right to request restrictions on certain uses or disclosures of your health information. While we are not required to agree to all requests, we will comply with requests we approve.

Right to Request Confidential Communications

You may request that we communicate with you in a specific way or at a specific location. Requests must be made in writing.

Right to Amend

You have the right to request an amendment to your health information if you believe it is incorrect or incomplete. Requests must be made in writing and include the reason for the amendment.

Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your health information, as provided by law.

Right to Receive a Paper Copy

You have the right to receive a paper copy of this Notice, even if you have agreed to receive it electronically.

Right to File a Complaint

You may file a complaint if you believe your privacy rights have been violated. You may file a complaint with us or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or our privacy practices, or wish to exercise your rights, please contact:

Privacy Officer: Dr. Molly Mullen, DDS

Phone: 641-932-2729

Fax: 641-932-7036

Address: 26 South Main Street, Albia, IA 52531

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

ACKNOWLEDGMENT

This Notice applies to all records of your care maintained by Hometown Family Dental.