

Tyson's Dentistry | Notice of privacy Practices

Effective Date: October 2025

NOTICE OF PRIVACY PRACTICES

Purpose of This Notice

This Notice describes how your protected health information (PHI) may be used and disclosed, your rights regarding that information, and how you can access and control it.

"Protected health information" includes any information that identifies you and relates to your dental or medical condition, care, or payment for that care.

Tyson's Dentistry is committed to protecting your privacy and complying with all applicable federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA) and the HITECH Act.

How We May Use and Disclose Your Health Information

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

1. Treatment

We may use or share your PHI with other health care professionals involved in your treatment — such as dental specialists, labs, or pharmacies — to provide, coordinate, or manage your care.

2. Payment

We may use or disclose PHI to bill and collect payment for services rendered, confirm insurance coverage, or process claims.

3. Health Care Operations

We may use PHI for practice operations such as staff training, quality assurance, internal auditing, and compliance programs.

4. Appointment Reminders and Health Services

We may contact you to remind you of appointments or to inform you of treatment alternatives and health-related benefits or services.

5. Family and Others Involved in Your Care

Unless you object, we may share relevant PHI with family members or others helping with your care or payment. If you are unavailable, we may use our best judgment to share information necessary for your care.

6. Business Associates

We may share PHI with third-party contractors (e.g., billing services, IT vendors) that perform functions for us. All business associates are required by contract to safeguard your PHI.

7. As Required by Law

We may disclose PHI when required by federal, state, or local law — for example, reporting abuse, public health activities, or in response to a court order.

8. Public Health and Safety

We may disclose PHI to public health agencies for purposes such as reporting disease, preventing injury, or addressing threats to public safety.

9. Law Enforcement, Legal, and Government Requests

We may disclose PHI for law enforcement purposes, health oversight, judicial proceedings, military or national security requirements, or when required by authorized officials.

10. Marketing, Fundraising, and Sale of Information

We will not use or disclose PHI for marketing or fundraising without your written authorization. We will never sell your PHI.

11. Breach Notification

If a breach of unsecured PHI occurs, we will notify you promptly as required by law.

Your Rights Regarding Your Protected Health Information (PHI):

1. **Right to Access and Copies**
You may inspect or obtain a copy of your health information, including electronic copies. A reasonable fee may apply for copies or mailing.
 2. **Right to Request Amendments**
You may ask us to correct or amend your PHI if you believe it is incomplete or inaccurate. If we deny your request, you may submit a written statement of disagreement.
 3. **Right to Request Restrictions**
You may request restrictions on how we use or disclose your PHI for treatment, payment, or operations. We are not required to agree to all requests, but if you pay in full out-of-pocket for a service, you can request that we not share that service's PHI with your insurer.
 4. **Right to Confidential Communications**
You may request that we contact you at a specific location or by a particular method (e.g., email, phone, mail). We will accommodate reasonable requests.
 5. **Right to an Accounting of Disclosures**
You may request a list of certain disclosures of your PHI made in the last six years (not including those for treatment, payment, or operations).
 6. **Right to a Paper or Electronic Copy of This Notice**
You may obtain a paper or digital copy of this Notice at any time, even if you agreed to receive it electronically.
 7. **Right to Revoke Authorization**
If you have given written permission for a specific disclosure, you may revoke it at any time, except to the extent that we have already acted on it.
 8. **Right to Be Notified of a Breach**
You have the right to be notified if your unsecured PHI is compromised.
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Our Responsibilities

- Maintain the privacy and security of your PHI.
 - Notify you promptly if a breach occurs.
 - Follow the terms of this Notice.
 - Not use or share your PHI in ways other than described here unless you authorize it in writing.
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Questions or Complaints

If you have questions or believe your privacy rights have been violated, you may contact:

Privacy Officer

Tysons Dentistry
8605 Westwood Center Drive, Suite 210
Vienna, VA 22182
Phone: (703) 442-0770

You may also file a complaint with:

U.S. Department of Health & Human Services, Office for Civil Rights

200 Independence Avenue, SW
Washington, DC 20201
Phone: 1-877-696-6775
Online: www.hhs.gov/ocr/privacy/hipaa/complaints

You will not be penalized or retaliated against for filing a complaint.

Changes to This Notice: We reserve the right to amend or update this Notice at any time. Updates will apply to all PHI we maintain, and the current version will always be available in our office and on our website.

