

# Notice of Patient Privacy Policy



## **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.**

Jenkins Dentistry for Kids is required by law to maintain the privacy of your protected health information (PHI), provide you with notice of our legal duties and privacy practices, and notify affected individuals following a breach of unsecured PHI. We must follow the privacy practices described in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time as permitted by law. Any changes will apply to all PHI we maintain. Updated notices will be posted prominently in our offices and provided upon request.

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## **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

We may use and disclose your health information for the following purposes:

### **Treatment**

We may use and share your PHI to provide, coordinate, or manage dental care and related services. For example, we may share information with dental specialists, physicians, or laboratories involved in your child's care.

### **Payment**

We may use and disclose PHI to bill and collect payment for services. This includes sharing information with insurance companies, Medicaid/KanCare, or other third parties responsible for payment.

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## Healthcare Operations

We may use and disclose PHI for practice operations, including quality improvement, staff training, licensing, audits, and administrative activities necessary to run our practice.

## Individuals Involved in Care

We may share relevant information with parents, guardians, or individuals authorized to participate in a child's care or payment, consistent with Kansas law and parental rights.

## Public Health and Safety

We may disclose PHI when required or permitted by law, including:

- Reporting child abuse or neglect
- Preventing or controlling disease
- Public health reporting
- Health oversight activities
- Law enforcement requests
- Judicial or administrative proceedings
- Workers' compensation matters

## Disaster Relief

We may share PHI to assist disaster relief organizations.

## National Security and Government Functions

We may disclose PHI for lawful national security or correctional institution purposes as permitted by law.

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## SPECIAL PROTECTIONS FOR SENSITIVE INFORMATION

Certain information, including mental health records, genetic information, HIV-related information, and substance use disorder treatment records, may receive special protection under federal or Kansas law. We comply with all applicable protections.

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## SUBSTANCE USE DISORDER (PART 2) INFORMATION

If we receive or maintain any information about you from a substance use disorder treatment program covered under **42 CFR Part 2 (“Part 2 Program”)**, we will handle that information as follows:

If the information is received under a **general consent** for treatment, payment, or healthcare operations, we may use and disclose it only for those purposes as described in this Notice.

If the information is received under a **specific consent**, we will use and disclose it only as expressly permitted in your written authorization.

We will **not** use or disclose Part 2 records in civil, criminal, administrative, or legislative proceedings against you unless authorized by your written consent or a valid court order with notice to you.

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## OTHER USES AND DISCLOSURES

We will obtain your written authorization before:

- Disclosing psychotherapy notes
- Using PHI for marketing
- Selling PHI
- Any use not described in this Notice

You may revoke an authorization in writing at any time.

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## YOUR RIGHTS REGARDING HEALTH INFORMATION

You have the right to:

### **Access**

Inspect or receive copies of your PHI in paper or electronic format.

### **Request Amendments**

Request corrections to your health records.

### **Receive an Accounting of Disclosures**

Request a list of certain disclosures of your PHI.

### **Request Restrictions**

Ask us to limit certain uses or disclosures. We must honor requests to restrict disclosures to health plans if you paid in full out-of-pocket.

## **Request Confidential Communications**

Request alternative communication methods or locations.

## **Receive Breach Notifications**

Be notified if your unsecured PHI is compromised.

## **Receive a Paper Copy**

Request a printed copy of this Notice at any time.

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## **QUESTIONS OR COMPLAINTS**

If you have questions about this Notice or believe your privacy rights have been violated, you may contact our Privacy Official. You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

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## **PRIVACY OFFICIAL CONTACT INFORMATION**

Privacy Official: Cole Jaramillo, DHA, MHA  
Jenkins Dentistry for Kids  
Address: 6810 Silverheel St. Shawnee, KS 66226  
Phone: 913-745-2500  
Email: [info@jenkinsddskids.com](mailto:info@jenkinsddskids.com)

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We are committed to protecting the privacy of your health information and maintaining compliance with HIPAA and applicable Kansas privacy laws.