

## NOTICE OF PRIVACY PRACTICES

### Kona Smile Co.

**This Notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully.**

#### **1. Our Commitment to Your Privacy**

At Kona Smile Co., we are committed to protecting the privacy of your protected health information (PHI). PHI includes information that identifies you and relates to your past, present, or future physical or mental health or condition, the provision of healthcare, or payment for healthcare services.

We are required by law to:

Maintain the privacy of your PHI

Provide you with this Notice of our legal duties and privacy practices

Follow the terms of this Notice currently in effect

#### **2. How We May Use and Disclose Your Health Information**

We may use or disclose your health information without your authorization for the following purposes:

a. Treatment- We may use and share your health information to provide, coordinate, or manage your dental care. This may include sharing information with specialists, dental laboratories, or other healthcare providers involved in your treatment.

b. Payment- We may use and disclose your health information to obtain payment for services provided to you. This may include billing insurance companies, verifying coverage, eligibility checks, and collections.

c. Healthcare Operations- We may use your health information for healthcare operations such as quality improvement, staff training, licensing, auditing, and general administrative purposes.

d. Appointment Reminders and Communications- We may contact you by phone, text, email, or mail to remind you of appointments, provide information about treatment options, or share information related to your dental care and benefits.

e. As Required by Law- We may disclose your health information when required by federal, state, or local law, including public health reporting, legal proceedings, or regulatory requirements.

**3. Other Uses and Disclosures-** Any use or disclosure of your health information not described above will be made only with your written authorization. You may revoke your authorization in writing at any time, except to the extent that action has already been taken based on your authorization.

**4. Your Rights Regarding Your Health Information-** You have the right to:

Inspect and obtain a copy of your dental and billing records, request an amendment to your health information if you believe it is incorrect or incomplete, request restrictions on certain uses or disclosures of your health information (we are not required to agree, except for services paid in full out-of-pocket), request confidential communications, such as being contacted at an alternative address or phone number, receive an accounting of disclosures of your health information, receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically. To exercise any of these rights, please contact our Privacy Officer.

**5. Our Responsibilities-** Kona Smile Co. will:

Protect the privacy and security of your health information

Provide you with notice if a breach occurs that may compromise your information

Not use or disclose your health information other than as described in this Notice unless permitted or required by law

#### **6. Changes to This Notice**

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all protected health information we maintain. The revised Notice will be available in our office and upon request.

**Privacy Officer: Hannah Teves**

**Address: 76-6225 Kuakini Hwy., Suite A101**

**Kailua-Kona, HI 96740**

**Phone: (808) 329-8180**

**Email: [info@konasmileco.com](mailto:info@konasmileco.com)**