



# Notice of Privacy Practices

## CLIENT RIGHTS AND HIPAA AUTHORIZATIONS

This notice describes how North Durham Pediatric Dentistry may use your health information and how you can get access to this information. Please review it carefully. Tell your provider if you do not understand this authorization, and the provider will explain it to you.

### Your Rights

You have the right to:

1. **Inspect or request a copy of your protected dental information.** We will provide a summary of your health information if requested. Requests should be made in writing. We will provide this information as soon as possible but no later than 30 working days of the request. In addition, our provider may deny access if the provider reasonably believes access could cause harm to you or another individual. If access is denied, you may request to have a licensed health care professional for a second opinion at your expense.
2. **Ask us to correct your health information you think is incorrect or incomplete.** We may say “no” but will tell you why in writing within 60 days.
3. **Ask us to communicate with you in a certain way or to send mail to a different address.** We will accommodate all reasonable requests. You should be aware that once the information about you leaves this office according to the terms of this authorization, this office has no control over how it will be used by the recipient. At that point your information may no longer be protected by HIPAA. If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations.
4. **Ask us not to use or share certain health information for treatment, payment or our operations.** We are not required to agree with your request and may say “no” if it will affect your care. If you pay for a service out of pocket in full and ask us not to share that information for payment or our operations with your health insurer we will agree unless we are required by law to share that information.
5. **Ask for a list or an accounting of the times we have shared your health information for reasons other than treatment, payment, healthcare operations, and when you have asked us to share information.** We will provide a list for the past 6 years for the request.
6. **Get a copy of this notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide that copy promptly.
7. Revoke or cancel this authorization at any time, except where action has already been taken.
8. **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has this authority and can act for you before we take any action.
9. **File a complaint if you feel your rights are violated.**
  - You can complain by contacting the designated Privacy Officer: **Caitlin Cummings at 4020 North Roxboro Street, Durham NC 27704; by email at [office@northdurhampediatricdentistry.com](mailto:office@northdurhampediatricdentistry.com); or by phone at 919-695-9442.**
  - File a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
  - We will not retaliate for filing a complaint.

### Our Uses and Disclosures



4020 North Roxboro Street Suite 240, Durham, NC 27704

(919) 695-9442

We typically use or share your health information in the following ways:

1. **Treatment:** We can use your health information and share it with other professionals who are treating you. For example, we may share your health information with an outside doctor for a referral.
2. **Health Care Operations:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.
3. **Payment:** We can use or share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.
4. **Other ways we can use or share your health information:** We are allowed or required to share your information in other ways – usually ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your health information for these purposes.
  - **Do research.** We can use or share your information for health research.
  - **Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
  - **Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.
  - **Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
  - **Address workers' compensation, law enforcement, and other government requests.** We can share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
  - **Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
  - **Respond to requests for substance abuse records.** Our practice does not create or store substance abuse records. If this information should become part of your patient record, the information will be treated in accordance with all federal laws.

### Our Responsibilities

1. We are required to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may compromise the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy. You can also request a copy of this document, and we will provide that copy promptly.
4. We will not use or share your information other than what is described in this notice unless you communicate approval in writing. If you initially provide approval and then change your mind, please let us know in writing. You may change your mind at any time.

**Changes to this notice:** We can change the terms of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.

This notice is effective as of 2/16/2026.