



HIPPA POLICY ACT

Effective Date: January 11, 2016

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. At Mocksville Family Dentistry, PLLC, we are committed to maintaining the privacy of your personal health information (PHI). This policy explains your rights under the Health Insurance Portability and Accountability Act (HIPAA) and our obligations to protect your health information.

Your Rights Under HIPAA

You have the right to: Obtain a copy of your medical record Request corrections to your health information Request restrictions on certain uses and disclosures Receive confidential communications Get a list of disclosures Receive a copy of this notice at any time

How We May Use and Disclose Your Health Information

Your protected health information may be used or disclosed for treatment, payment, and healthcare operations, such as: Providing dental care, communicating with specialists, and coordinating treatment Billing and payment processing Quality assessment, training, and internal audits Communicating with you via HIPAA-compliant email through Aspida We may also disclose information when required by law or for public health and safety, law enforcement, and regulatory purposes.

Our Responsibilities

Mocksville Family Dentistry, PLLC is required by law to: Maintain the privacy and security of your PHI Notify you in case of a breach involving your health information Follow the duties and privacy practices described in this notice Ensure all staff complete HIPAA compliance and confidentiality training

Contact Information

If you have any questions or would like to exercise your rights under HIPAA, please contact our Privacy Officer at:

Mocksville Family Dentistry, PLLC
113 Marketplace Drive
Mocksville, NC 27028
Phone: (336) 753-6630
Email: info@mocksvillefamilydentistry.com

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Patient Acknowledgment

By signing below, you acknowledge that you have received and reviewed the Mocksville Family Dentistry HIPPA Policy Act (Notice of Privacy Practices).

Signature: _____ Date: _____