



NOTICE OF PRIVACY PRACTICES

UB Dental LLC, doing business as Once Upon A Smile

Effective Date: April 22, 2024

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

OUR COMMITMENT TO YOUR PRIVACY

Once Upon A Smile is committed to protecting the privacy and confidentiality of your health information. We are required by federal law (HIPAA) to maintain the privacy of your Protected Health Information (“PHI”), to provide you with this Notice, and to inform you of your rights and our legal duties regarding your health information.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We use your health information to coordinate your dental care, ensure continuity of treatment, and provide high-quality care tailored to your needs. Under HIPAA, we may also use and disclose PHI for the following purposes:

Treatment

To diagnose, plan, coordinate, or provide dental care and services to you, including consultations or referrals to specialists.

Payment

To bill and collect payment from you, your dental insurance plan, or other responsible parties.

Healthcare Operations

For administrative, quality assurance, training, licensing, credentialing, auditing, and other activities that help us operate and improve our practice.

Other Permitted or Required Disclosures

We may disclose PHI without your authorization as allowed or required by law, including:

- To comply with public health or safety reporting obligations
- To governmental licensing, regulatory, or oversight agencies
- To prevent or lessen a serious threat to health or safety

- When required by law, subpoena, or court order
- For workers' compensation or similar government programs

Any uses or disclosures not described in this Notice will require your written authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights under HIPAA:

Right to Access and Copies

You may request to view or obtain copies of your dental records or other PHI.

Right to Request Amendments

If you believe information in your record is incorrect or incomplete, you may request a correction.

Right to Request Restrictions

You may ask us to limit how your PHI is used or shared. While we are not required to agree in all cases, if we do agree, we will honor the restriction.

Right to Confidential Communications

You may request that we contact you in a specific way (e.g., at a different address or phone number).

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made by this practice, excluding those for treatment, payment, or healthcare operations.

Right to Receive a Paper or Digital Copy of this Notice

You may request a copy of this Notice at any time, even if you previously received it electronically.

These rights apply to all patients regardless of insurance status, method of payment, or reason for care.

BREACH NOTIFICATION POLICY (HITECH COMPLIANCE)

If a breach of unsecured PHI occurs, we will notify you promptly by email and phone, consistent with federal HITECH breach notification requirements.

CONTACT INFORMATION / PRIVACY QUESTIONS

To exercise any of your rights or for questions regarding this Notice, please contact:

HIPAA Compliance Officer

Once Upon A Smile

Email: dds@onceuponasmile.com

Phone: (816) 228-8400

Mailing Address: 1730 S. 7 Hwy, Blue Springs, MO 64014

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

Complaints may also be filed with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), without the need to first file with our practice.

CHANGES TO THIS NOTICE

We reserve the right to change or update this Notice at any time, as permitted by law. Any changes will apply to all PHI that we maintain and will be posted on our website and available in our office.