

Notice Of Privacy Practices

For: Dental Corner

Effective Date: February 16, 2026

This Notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you following a breach of unsecured protected health information

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

For Treatment:

We may use and share your health information to provide, coordinate, or manage your dental care.

Example: Sharing information with specialists, labs, or other healthcare providers involved in your treatment

For Payment:

We may use and share your information to bill and receive payment for services provided to you.

Example: Submitting claims to your dental insurance plan

For Healthcare Operations:

We may use and disclose your information to support our practice operations, such as quality assessment, training, licensing, and audits

SPECIAL PROTECTIONS FOR CERTAIN RECORDS (42 CFR PART 2)

Certain health information related to substance use disorder (SUD) treatment, if applicable, is subject to additional federal protections under 42 CFR Part 2.

- This information will not be used or disclosed without your specific written consent, except as permitted or required by law
- Redisclosure of SUD-related information is generally prohibited unless expressly authorized by you or allowed by law
- You may revoke your consent for disclosure of Part 2 information at any time, except to the extent we have already relied on it.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES

We may also use or disclose your information:

- When required by law
- For public health and safety activities
- To report abuse, neglect, or domestic violence
- For health oversight activities
- For law enforcement purposes (as permitted by law)
- To avert a serious threat to health or safety

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You Have a Right to:

Get a Copy of your Records

You may request to inspect or obtain a copy of your dental records in paper or electronic format.

Request Corrections

You may ask to correct information you believe is incorrect or incomplete

Request Confidential Communications

You may ask to contact you in a specific way (example: only at work or by mail)

Request Restrictions

You may ask us not to use or share certain information. We are not required to agree, except in limited situations required by law.

Get an Accounting of Disclosures

You may request a list of certain disclosures we have made of your information

Obtain a paper copy of this Notice

You may request a paper copy at any time, even if you agreed to receive it electronically.

File a Complaint

You may complain if you feel your privacy rights have been violated. You will not be retaliated against for filing a complaint.

KANSAS-SPECIFIC PRIVACY REQUIREMENTS**Mandatory Reporting Under Kansas Law**

We may disclose your health information without your authorization when required by Kansas law, including but not limited to:

- Reporting suspected abuse, neglect or exploitation of a child, elderly person, or dependent adult
- Reporting certain injuries or conditions as required by state law
- Reporting for public health purposes, including communicable diseases

Minor's Rights Under Kansas Law

In certain circumstances, Kansas law allows minors to consent to specific types of healthcare services. When applicable, a minor's health information related to those services may be protected from disclosure to parents or guardians, to the extent permitted or required by law.

Workers' Compensation

We may disclose health information as authorized by and to the extent necessary to comply with Kansas workers' compensation laws.

Law Enforcement and Legal Proceedings

We may disclose your information in response to:

A court order, subpoena, or other lawful process

Requests from law enforcement officials as permitted by Kansas and federal law

ELECTRONIC COMMUNICATION (EMAIL, TEXT, AND INTERNET COMMUNICATION)**Electronic Communications Consent**

Dental Corner may communicate with you by email, text message (SMS), or other electronic means for purposes including, but not limited to:

- Appointment reminders and scheduling
- Treatment information and follow-up care
- Billing and insurance matters
- Responses to your questions
- Other information related to your dental care

While we take reasonable safeguards to protect your protected health information (PHI), electronic communications such as email and text messaging may not be completely secure. There is a risk that information transmitted electronically could be intercepted, misdirected, or accessed by unauthorized individuals.

By providing your email address and/or mobile phone number, you acknowledge and accept these risks and consent to receiving communications from Dental Corner through these methods.

Text Messaging (SMS):

- Messages may include limited health information such as appointment dates, times, or basic treatment reminders.
- Standard message and data rates may apply depending on your mobile carrier.
- You may opt out of text messages at any time by notifying our office in writing or by replying "STOP" (if applicable).

Email Communication:

- Email may be used for administrative and treatment-related communications.
- Email should not be used for urgent or emergency medical situations.
- If you prefer not to communicate by email, you may notify us at any time.

Revocation of Consent:

You may withdraw your consent to electronic communications at any time by submitting a written request to our office. Withdrawal of consent will not affect communications already sent or actions already taken in reliance on your consent.

We will continue to use reasonable safeguards to protect your information in accordance with HIPAA and applicable federal and Kansas state laws.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make the new provisions effective for all information we maintain. Updated notices will be available in our office and our website.

CONTACT INFORMATION

If you have questions about this Notice or wish to exercise your rights, please contact:

Tina Pontious
Office Manager

Dental Corner
2046 N Oliver
Wichita, KS 67208
316-681-2425
dentalcorner@coxbusiness.net

You may also file a complaint with the US Department of Health and Human Services, Office for Civil Rights