

Riverplace Dental HIPAA Policy

Effective Date: February 16, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION

Riverplace Dental is required by law to maintain the privacy of your Protected Health Information (PHI), to provide you with this notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured PHI. We must abide by the terms of this Notice while it is in effect.

II. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your health records. We may charge a reasonable, cost-based fee.
- **Right to Amend:** If you feel the health information we have is incorrect or incomplete, you may request an amendment.
- **Right to an Accounting of Disclosures:** You may request a list of disclosures we made of your PHI for purposes other than treatment, payment, or healthcare operations.
- **Right to Request Restrictions:** You may request a restriction on the PHI we use. We are not required to agree unless you request to restrict disclosure to a health plan for a service you paid for out-of-pocket in full.
- **Right to Confidential Communications:** You may request that we communicate with you in a specific way or location.
- **Right to a Paper Copy:** You may request a paper copy of this notice at any time.

III. USES AND DISCLOSURES OF PHI

We may use and disclose your PHI for **Treatment** (e.g., specialists), **Payment** (e.g., insurance billing), and **Healthcare Operations** (e.g., quality audits).

Other Permitted Uses Without Authorization:

- **As Required by Law** (Subpoenas, Court Orders).
- **Public Health Activities** (Reporting abuse, neglect, or contagious diseases).
- **Worker's Compensation** compliance.
- **Law Enforcement** and **National Security** purposes.

IV. USES REQUIRING YOUR WRITTEN AUTHORIZATION

The following uses and disclosures will be made **only** with your written authorization:

1. Uses and disclosures of PHI for marketing purposes.
2. Disclosures that constitute a sale of your PHI.
3. Most uses and disclosures of psychotherapy notes.

V. COMPLAINTS

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

VI. CONTACT INFORMATION

For more information about our privacy practices or to exercise your rights, please contact our Compliance Officer:

Compliance Officer: Laura Tills

Address: 604 River Place Dr, Monona, WI 53716

Phone: 608-222-9142