

**DOUGLAS HOPPE, D.D.S.**  
**NOTICE OF PRIVACY PRACTICES**

This notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This notice describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for the purposes that are permitted or required by law.

The practice may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes, unless the practice has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State Law.

Federal privacy rules allow us to use or disclose your protected health information without permission or authorization for a number of reasons including the following:

- When legally required
- When there are risks to public health
- To report abuse, neglect or domestic violence
- To conduct health oversight activities
- In connection with Judicial and Administrative Proceedings
- For Law Enforcement purposes
- To coroners, Funeral Directors and for Organ Donation
- For Research purposes
- In the event of a serious threat to health or safety
- For specified Government functions
- For Worker's Compensation

You have the following rights regarding your health information:

- The right to inspect and copy your protected health information
- The right to request a restriction on uses and disclosures of your protected health Information
- The right to request to receive confidential communications from us
- The right to receive an accounting

The practice is required by law to maintain the privacy of your health information and to provide you with this notice of our duties and privacy practices. You have the right to express complaints to the practice. You may complain to the practice by contacting the practice's Privacy Officer verbally or in writing. We encourage you to express any concerns you may have regarding the privacy of your information.

**THIS NOTICE IS AN OVERVIEW OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA). A COMPLETE COPY OF THIS NOTICE IS AVAILABLE TO YOU ON REQUEST.**