CARMEL DISTINCTIVE DENTAL
NOTICE OF PRIVACY PRACTICES

2000 E. 116th St, Suite #110 | Carmel, IN 46032
Phone: 317-844-9344 | Fax: 317-844-9479

Dr. Joyce **Effective date:** October 19, 2026

THIS NOTICE EXPLAINS HOW YOUR MEDICAL AND DENTAL INFORMATION MAY BE USED OR DISCLOSED, AND HOW YOU CAN ACCESS THAT INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Rights

Obtain your records

You may ask to inspect or receive an electronic or paper copy of your dental and other health records that we maintain. We generally respond within 30 days, subject to extensions allowed by law. Any copying fee will be limited to amounts permitted by applicable law.

Request a correction

If information in your record seems inaccurate or incomplete, you can request an amendment. We may deny a request in circumstances permitted by law and will explain a denial in writing, ordinarily within 60 days.

Ask for confidential contact

You may request that we contact you using a particular phone number, address, or other reasonable method. We will accommodate reasonable requests.

Request restrictions

You may ask us to limit certain uses or disclosures for treatment, payment, or operations. We generally are not required to agree. However, when you pay out of pocket in full for a service or item, you may request that information about it not be disclosed to your health plan for payment or operations, and we must honor that request unless disclosure is required by law.

Request a disclosure accounting

You may request an accounting of certain disclosures of your information during the six years before the request. Some disclosures, including many for treatment, payment, or operations, are excluded. One accounting in a 12-month period is free; additional requests may incur an allowable cost-based fee.

Receive a paper notice

You may request a paper copy of this Notice at any time, even if you received or agreed to receive it electronically.

Choose a representative

A parent, legal guardian, health care power of attorney, or other authorized personal representative may exercise your rights as allowed by law. We may verify their authority.

Complain without retaliation

You may contact Dr. Joyce at 317-844-9344 to discuss privacy concerns. You may also complain to the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; phone 1-877-696-6775; online: www.hhs.gov/hipaa/filing-a-complaint/. We will not retaliate against you for filing a complaint.

Your Choices and Authorizations

You may communicate your preferences about sharing relevant information with family members, friends, or others involved in your care or payment for your care, and about certain disaster-relief disclosures. If you cannot tell us your wishes, we may use professional judgment and disclose limited relevant information when permitted by law or necessary to reduce a serious threat.

We ordinarily need your written authorization for uses or disclosures that qualify as marketing, the sale of protected health information, and most uses of psychotherapy notes, if any are maintained. Other uses requiring authorization will be made only after you authorize them. You may revoke an authorization in writing, except to the extent we already relied on it.

If we conduct fundraising using your information, applicable rules give you a way to opt out. Special advance notice and choices apply to fundraising involving Part 2 substance use disorder records. [PRACTICE TO VERIFY WHETHER FUNDRAISING OCCURS.]

Common Uses and Disclosures

Dental treatment

We may use and share your health information to provide and coordinate dental care. For example, we may send X-rays, examination findings, or referral records to an oral surgeon or another treating professional.

Payment

We may share needed treatment and billing information with dental or medical insurers, claims processors, or others involved in payment. For example, we may provide radiographs or procedure descriptions to support an insurance claim.

Health care operations

We may use information to operate the practice, improve quality, train our workforce, manage records, contact patients, and perform appropriate administrative activities. Business associates that handle health information for us must provide required privacy protections.

Appointment and care communications

We may use contact information to send appointment reminders, discuss treatment or follow-up care, and communicate with you as otherwise permitted. Tell us if you need a different method of communication.

Other Uses or Disclosures Permitted or Required by Law

Depending on applicable legal conditions, we may disclose relevant information for public health or safety matters; reporting abuse or neglect; product recalls; health oversight or government compliance inquiries; authorized research; workers' compensation; lawful law-enforcement requests; military or national-security functions; organ and tissue donation; coroners, medical examiners or funeral directors; and court or administrative proceedings. Some disclosures require further safeguards, permission, an order, or another legal basis.

We may disclose information when federal or state law requires it, including to HHS for an investigation of our HIPAA compliance. We will comply with any applicable Indiana or other law that provides stronger privacy protection. [OFFICE / LEGAL REVIEW: INSERT ANY PRACTICE-APPLICABLE MORE PROTECTIVE STATE-LAW DESCRIPTIONS.]

Special Protection for Certain Substance Use Disorder Records

If we hold patient records protected by the federal confidentiality regulation at 42 CFR Part 2, additional limits apply. In particular, information from these records generally cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or the court order and legal process required by that regulation. Other special consent and disclosure conditions may apply. This paragraph does not mean that our dental practice provides substance use disorder treatment.

Our Responsibilities

We must protect the privacy and security of your protected health information, follow the terms of this Notice, and provide a copy on request. We must notify affected people of breaches as required by law. We will not use or disclose your information for other purposes without required authorization; if you authorize a use, you may withdraw that authorization in writing as permitted by law.

Changes to this Notice

We may revise our privacy practices and this Notice as permitted by law. Changes may apply to information we already maintain. The current Notice will be available in our office, on our website, and upon request.

Questions and Privacy Contact

Dr. Joyce
Carmel Distinctive Dental
2000 E. 116th St, Suite #110, Carmel, IN 46032
Phone: 317-844-9344 | Fax: 317-844-9479