

## **Hometown Dental Care PLLC**

### **HIPAA Privacy Statement - Effective Date: December 01, 2024**

Hometown Dental Care PLLC is committed to protecting your health information and ensuring compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Privacy Statement outlines how we collect, use, and safeguard your Protected Health Information (PHI).

### **Your Rights Under HIPAA**

As a patient, you have the following rights concerning your health information:

1. **Access:** You have the right to view and obtain a copy of your health records.
2. **Amendments:** You can request corrections to your health information if you believe it is inaccurate or incomplete.
3. **Restrictions:** You may request restrictions on the use or disclosure of your health information.
4. **Confidential Communications:** You can ask us to communicate with you in a specific manner or location (e.g., sending information to a private email).
5. **Disclosure History:** You have the right to request a record of how we shared your health information.

### **How We Use and Disclose Your PHI**

We use your PHI in compliance with HIPAA for the following purposes:

- **Treatment:** To coordinate care and share relevant information with other healthcare providers involved in your treatment.
- **Payment:** To process billing and payments with your insurance provider or other payors.
- **Healthcare Operations:** To improve the quality of our services and manage our operations effectively.

We may also disclose your PHI when required by law, public health activities, or court orders, and with your explicit authorization for purposes beyond those listed above.

### **How We Protect Your Information**

We implement appropriate physical, administrative, and technical safeguards to secure your health information from unauthorized access, use, or disclosure. These measures include encryption, access controls, and staff training on HIPAA compliance.

### Third-Party Services

If our website collects health-related information (e.g., via contact forms or appointment requests), we ensure third-party services used comply with HIPAA requirements to protect your information.

### Contact Us

If you have questions, concerns, or wish to exercise your HIPAA rights, please contact us:

- **Practice Name:** Hometown Dental Care PLLC
- **Address:** 821 S. King Street, Suite E, Leesburg VA 20175
  - **Phone Number:** (571) 363 - 2244
  - **Email:** info@hometown.dental

We reserve the right to update this Privacy Statement. Any changes will be effective upon posting on our website, and we encourage you to review this statement periodically.

Thank you for trusting Hometown Dental Care PLLC with your dental care.

Please sign and date below to acknowledge receipt of this statement.

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**Patient/Minor Name**

**Date**

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**Patient/Guardian Signature**