



STATEMENT OF PRIVACY

Joseph C. Hwang, D.D.S.

Effective Date: February 16, 2026, will remain in effect until we replace.

This Notice describes how dental and health information about you may be used and disclosed and how you can access 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
- Notify affected individuals following a breach of unsecured PHI
- Follow the terms of this Notice while it is in effect

We reserve the right to change this Notice at any time as permitted by law. Any significant changes will apply to all PHI we maintain and will be posted prominently in our office. Copies are available upon request.

How We May Use and Disclose Your Health Information

Treatment, Payment, and Health Care Operations

We may use or disclose your PHI for:

- **Treatment:** Coordination of care with dentists, specialists, or other providers
- **Payment:** Billing, insurance claims, collections, and eligibility determinations
- **Health Care Operations:** Quality improvement, training, licensing, audits, and administrative activities

Some information (including HIV-related, genetic, mental health, and substance use disorder records) may receive additional protections under state or federal law, which we will follow.

Individuals Involved in Your Care

We may disclose PHI to family members, friends, or patient representatives involved in your care or payment, unless you object. Individuals legally authorized to make health care decisions for you will be treated the same as you.

Other Permitted or Required Disclosures

We may disclose PHI:

- For **disaster relief efforts**
- When **required by law**
- For **public health activities**, including disease prevention, recalls, reporting abuse or neglect, and notifying people at risk
- For **health oversight activities** (audits, inspections, investigations, licensure)
- For **law enforcement purposes** as permitted or required by law
- In **judicial or administrative proceedings** in response to a lawful order or subpoena with appropriate safeguards
- To the **Secretary of the U.S. Department of Health and Human Services** for HIPAA compliance investigations
- For **workers' compensation** or similar programs
- For **national security, military, or correctional institution purposes**
- For **research** approved by an institutional review board or privacy board
- To **coroners, medical examiners, or funeral directors** as permitted by law

Fundraising

We may contact you regarding fundraising activities as permitted by law. You may opt out of such communication at any time.

Special Protections for Substance Use Disorder (SUD) Records

Note: When required, we will comply with any stricter requirements contained in other laws, for example 42 CFR Part 2, a federal law that governs the use and disclosure of Substance Use Disorder Treatment Information

Federal law (42 CFR Part 2) provides heightened protection for SUD records.

- SUD If we receive or maintain any information about you from a 42 CFR Part 2 covered SUD treatment program through a general consent you provide to the Part 2 Program to use and disclose your records for purposes and treatment, payment or health care operations, we may use and disclose your Part 2 records as described
- * If we receive or maintain your Part 2 program record through specific consent provided to us by a Part 2 Program or another third party. We will use and disclose your records only as expressly permitted by the consent provided to us.
 - *You may provide a single consent for future disclosures and may revoke consent at any time.
- We will never use or disclose your Part 2 Program record or testimony that describes the information contained in that records in any civil, criminal administrative or legislative proceedings against you, unless authorized by your consent or by court order with the required documentation and notices SUD records may not be used in legal proceedings against you without your written consent or court order.
- SUD counseling notes maintained separately generally require your specific written authorization
- Information disclosed may be subject to redisclosure and may no longer be protected by federal law
- You will be given the opportunity to opt out before any fundraising use of SUD records

For certain requests (including law enforcement, judicial, health oversight, or coroner requests), a signed attestation is required confirming the request is not for a prohibited purpose.

We may still disclose PHI for standard operations, such as malpractice defense, routine audits, or disclosures unrelated to reproductive health investigations. Law enforcement disclosures will only occur when **required by law** and consistent with these protections.

Uses Requiring Your Authorization

We will obtain your written authorization for:

- Psychotherapy notes
- Marketing
- Sales of PHI
- Any other use not described in this Notice

You may revoke authorization in writing at any time.

Your Rights Regarding Your Health Information

You have the right to:

- **Access:** Inspect or receive copies of your PHI (paper or electronic) with a reasonable, cost-based fee
- **Accounting of Disclosures:** Request a list of certain disclosures (fees may apply after one free request per year)
- **Request Restrictions:** Request limits on use or disclosure of your PHI (we must honor certain paid-in-full requests)
- **Alternative Communications:** Request confidential communications by alternative means or locations
- **Amendment:** Request corrections to your PHI
- **Breach Notification:** Receive notification of breaches involving unsecured PHI
- **Paper Copy:** Obtain a paper copy of this Notice at any time

Requests must be submitted in writing.

Questions or Complaints

If you have questions or wish to file a complaint, contact us or you may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Joseph C. Hwang, D.D.S. HHS Office for Civil Rights 6808 220th St. SW, Suite 301 2201 6th Ave, JMS RX-11 Mountlake Terrace, WA 98043 Seattle, WA 98121-1831 Phone: (425) 670-8225