IVORY HAUS DENTAL

OKLAHOMA CITY

FOR OUR PATIENTS

Notice of *Privacy Practices*

Ivory Haus Dental (Derek R Cohlmia DDS PLLC)
1 NW 102nd St, Suite 103, Oklahoma City, OK 73114
405-848-2886 · smile@ivoryhaus.dental

EFFECTIVE DATE: NOVEMBER 30, 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.

Our duties

We are required by law to keep your protected health information (PHI) private, to give you this notice of our legal duties and privacy practices, and to follow the notice currently in effect. We will notify you if a breach affects the privacy or security of your information.

How we may use and share your information

- **Treatment.** We use your information to provide dental care and may share it with other providers involved in your care, such as a specialist or dental lab.
- **Payment.** We use and share your information to bill and get paid by you, your dental plan or others, for example by sending claims to your insurance company.
- **Health care operations.** We use your information to run our practice, improve care, train staff and students, and contact you when needed.
- **Appointment reminders.** We may contact you by phone, text, email or mail to remind you of appointments or tell you about treatment options and services.
- **Business associates.** We share information with companies that perform services for us, such as billing and IT vendors. They must sign a contract agreeing to protect your information.

— **Family and friends.** We may share information with a family member or other person involved in your care or payment, unless you tell us not to. In an emergency or if you cannot respond, we will use our professional judgment.

Other uses and disclosures allowed or required by law

We may use or share your information without your written permission:

— When required by federal, state or local law

— For public health activities, such as reporting disease, injuries or adverse events, and preventing or controlling disease

— To report suspected abuse, neglect or domestic violence to the proper authorities

— For health oversight activities, such as audits, inspections and licensure

— In response to a court or administrative order, subpoena or other lawful process

— For certain law enforcement purposes

— To coroners, medical examiners and funeral directors

— For organ, eye or tissue donation

— For research that meets legal privacy requirements

— To prevent a serious threat to health or safety

— For specialized government functions, such as military and national security

— For workers' compensation claims

Uses that require your written permission

We will not use or share your information for marketing, sell your information, or use it for any purpose not described in this notice unless you give us written permission. You may revoke your permission in writing at any time, except where we have already relied on it.

Substance use disorder records. If we receive records protected by federal law (42 CFR Part 2) from a substance use disorder treatment program, we will not use or share them in a civil, criminal, administrative or legislative proceeding against you without your written consent or a court order.

Your rights

— **Get a copy of your records.** You can ask to see or get a paper or electronic copy of your dental and billing records. We will respond within 30 days and may charge a reasonable, cost-based fee.

— **Ask us to correct your records.** You can ask us to correct information you believe is wrong or incomplete. We may say no, but we will tell you why in writing within 60 days.

- **Request confidential communications.** You can ask us to contact you in a specific way (for example, a cell phone only) or at a different address. We will agree to all reasonable requests.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain information. We are not required to agree, except: if you pay for a service in full out of pocket, you can ask us not to share that information with your health plan, and we will agree unless the law requires us to share it.
- **Get a list of disclosures.** You can ask for a list of the times we shared your information in the six years before your request, other than for treatment, payment, operations and certain other disclosures. One list per year is free.
- **Get a copy of this notice.** You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** If you have given someone medical power of attorney or someone is your legal guardian, that person can exercise your rights.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer using the contact information below, or with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201, 1-877-696-6775, or at www.hhs.gov/ocr/complaints. We will not retaliate against you for filing a complaint.

Changes to this notice

We may change this notice, and the changes will apply to all information we have about you. The new notice will be posted in our office and on our website, and available on request.

Contact

PRIVACY OFFICER

Derek Cohlmia, DDS

Ivory Haus Dental, 1 NW 102nd St, Suite 103, Oklahoma City, OK 73114

405-848-2886 · smile@ivoryhaus.dental

A smile worth remembering.