

# **NOTICE OF PRIVACY PRACTICES**

## **John O'Horo DMD, PC**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Effective Date: February 16, 2026

**John O'Horo DMD, PC** is dedicated to safeguarding your Protected Health Information (PHI). This Notice outlines how we may use and disclose your PHI for treatment, payment, healthcare operations, and other legally permitted or required purposes.

### **I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your PHI may be used and disclosed for:

- Treatment: To provide and manage your dental care.
- Payment: To bill for services.
- Healthcare Operations: For activities like quality assessment.
- Required by Law: When federal, state, or local law mandates disclosure.
- Public Health Activities: Such as reporting suspected child abuse.

### **II. SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS**

If we handle records protected by 42 CFR Part 2 concerning SUD treatment, specific rules apply:

- Consent Required: Disclosure of SUD treatment records outside of treatment, payment, healthcare operations, or legal requirements needs your written consent.
- Legal Proceedings Limitation: Part 2 records and related testimony cannot be used in legal proceedings against you without your written consent or a specific court order.
- Redisclosure Prohibition: If we receive SUD records from a Part 2 program, we will not redisclose this information unless permitted by regulations or your consent.

### III. USES AND DISCLOSURES REQUIRING AUTHORIZATION

Any other uses or disclosures require your written authorization, which you can revoke in writing.

### IV. YOUR RIGHTS REGARDING YOUR PHI

- Right to Inspect and Copy: You can access and obtain copies of your PHI.
- Right to Amend: You can request corrections to your record.
- Right to an Accounting of Disclosures: You can request a list of certain disclosures.
- Right to Request Restrictions: You can ask for limits on how we use or disclose your PHI.
- Right to Opt-Out of Fundraising: You have the option to not receive fundraising communications.

### V. OUR DUTIES

- We must protect your PHI privacy and provide this notice.
- We must follow the current Notice.
- We will inform you of any breach of your unsecured PHI.

### VI. COMPLAINTS

You can file a complaint with our Privacy Officer or [HHS](#) if you believe your privacy rights are violated. There will be no retaliation for filing a complaint.

Privacy Officer Contact:

Cindy Levesque

Name

791 Turnpike Street, Suite 1, North Andover, MA 01845

Office address

978-686-2231

Phone

finance@northandoverdentist.com

Email

## Acknowledgment of Receipt of Notice of Privacy Practices

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**John O'Horo D.M.D., PC**

\* You May Refuse to Sign This Acknowledgment\*

**I have received a copy of this office's Notice of Privacy Practices.**

Patient Name: **(please print)** \_\_\_\_\_

Parent or Authorized Representative: (if applicable) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please identify Individuals involved in your care or payment for your care and to whom we may disclose PHI (Protected Health Information) to: **(please print)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

### For Office Use Only

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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