



Cedar Rapids Smile Center

Notice of Privacy Practices (NPP)

Effective Date: February 16th, 2026

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

If you do not understand this authorization, please tell your provider and they will explain it to you.

1. Our Legal Duty

We are required by law to:

- Maintain the privacy of your protected health information (PHI).
- Provide you with notice of our legal duties and privacy practices with respect to PHI.
- Follow the terms of this Notice currently in effect.
- Notify you if there is a breach of unsecured PHI.
- Abide by the requirements of the HIPAA Privacy Rule.

2. How We May Use and Disclose Your PHI

We may use and disclose your PHI for the following purposes without your written authorization:

Treatment:

To provide, coordinate, or manage your dental care and related services.

Payment:

To obtain payment for dental services provided.

Healthcare Operations:

For quality improvement, training, and administrative purposes.

As Required by Law:

We may disclose PHI when required by federal, state, or local law.

3. Special Protections for Substance Use Disorder Records

Certain records relating to substance use disorder (SUD) treatment are subject to additional protections under federal law (42 CFR Part 2). These records may only be used or disclosed in compliance with these protections:



- If we receive or maintain SUD treatment information from a Part 2 program (covered under 42 CFR Part 2) through a general consent or other lawful means, we may use and share those records for Treatment, Payment, and Healthcare Operations as allowed by HIPAA to the same extent as other PHI.
- We will *not* disclose your SUD records or testimony about what is contained in them in any civil, criminal, administrative, or legislative proceeding without your written consent or a court order issued after notice and an opportunity for you (or the record holder) to be heard.
- If we intend to use or disclose SUD records for fundraising purposes, you will be given a clear and conspicuous opportunity to opt out of such communications before we do so.
- Information that we disclose in accordance with HIPAA may be subject to redisclosure by the recipient and may no longer be protected by HIPAA.

4. Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures of your PHI not described above will be made only with your written authorization, including:

- Most uses and disclosures of psychotherapy notes (if maintained by the practice).
- Marketing purposes and most fundraising communications (unless you opt out).
- Sale of your PHI.

You may revoke an authorization in writing at any time, except to the extent we have already acted on it.

5. Your Rights Regarding PHI

You have the right to:

- **Inspect and copy** your PHI.
- **Request a restriction** on certain uses and disclosures (subject to applicable law).
- **Receive confidential communications** of PHI by alternative means or at alternative locations.
- **Amend** your PHI (if it is incorrect or incomplete).
- **Receive an accounting of disclosures** of your PHI.
- **Receive a paper copy** of this Notice upon request.

To exercise any of these rights, please contact our Privacy Officer:

6. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the **U.S. Department of Health and Human Services, Office for Civil Rights (OCR)**. You will not be retaliated against for filing a complaint.



7. Contact Information

Privacy Officer: Caitlin Weberg, Office Manager or Dennis Yossi, DDS, Owner

Phone: (319) 362-7334

Address: 1260 3rd Ave SE, Cedar Rapids, IA 52403

8. Notice Availability and Distribution

We will provide this Notice:

- At your first visit.
- Upon request.
- Posted in our office in a prominent location.
- On our website (if we maintain one).

You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment, payment, enrollment or your eligibility for benefits. However, you may be required to complete this authorization form before receiving treatment if you have authorized your provider to disclose information about you to a third party. If you refuse to sign this authorization, and you have authorized your provider to disclose information about you to a third party, your provider has the right to decide not to treat you or accept you as a patient in their practice.

Acknowledgment of Receipt

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Date: _____

Sources:

ADA: <https://adanews.ada.org/ada-news/2026/january/new-hipaa-rules-address-substance-use-disorder-records>

HHS: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>