

# NOTICE OF PRIVACY PRACTICES

## Office of Ryan T Anderson DDS

**Effective Date: January 22, 2026**

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**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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

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### CONTACT INFORMATION

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact our Privacy Officer. Additional information is available at the end of this notice.

Telephone: (719) 384-9442  
Address: 13 E 4<sup>th</sup> St., La Junta, CO 81050

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### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your protected health information (“medical information”). We are also required to provide you with this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on the date set forth at the top of this page and will remain in effect unless we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make any changes in our privacy practices and the new terms of our notice applicable to all health information we maintain, including health information we created or received before we made the change in practices.

We may amend the terms of this notice at any time. If we make a material change to our policy practices, we will provide to you, the revised notice. Any revised notice will be effective for all health information we maintain. The effective date of a revised notice will be noted. A copy of the current notice in effect will be available in our facility and on our website.

You may request a copy of the current notice at any time. We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our patients. We maintain physical, electronic and procedural safeguards in the handling and maintenance of our patients’ health information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction and misuse.

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## USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

**Treatment:** We may disclose your health information, without your prior approval, to another dentist or healthcare provider working in our facility or otherwise providing you treatment for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, your health information may be disclosed to an oral surgeon to determine whether surgical intervention is needed.

**Payment:** We provide dental services. Your health information may be used to seek payment from your insurance plan or from you. For example, your insurance plan may request and receive information on dates that you received services at our facility to allow your employer to verify and process your insurance claim.

**Health Care Operations:** We may use and disclose your health information, without your prior approval, for health care operations. Health care operations include:

- healthcare quality assessment and improvement activities
- reviewing and evaluating dental care provider performance, qualifications and competence, health care training programs, provider accreditation, certification, licensing and credentialing activities
- conducting or arranging for medical reviews, audits and legal services, including fraud and abuse detection and prevention
- business planning, development, management and general administration including customer service, complaint resolutions and billing, de-identifying medical information, and creating limited data sets for health care operations, public health activities and research

We may disclose your health information to another dental, medical provider, or to your health plan subject to federal privacy protection laws; as long as the provider or plan has had a relationship with you and the medical information is for that provider's or health plan's care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

**Your Authorization:** You (or your legal personal representative) may give us written authorization to use your medical information or to disclose it to anyone for any purpose. Once you give us authorization to release your medical information, we cannot guarantee that the person to whom the information is provided will not disclose that information. You may take back or "revoke" your written authorization at any time, except if we have already acted based on your authorization. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we will not use or disclose your health information for any purpose other than those described in this notice. We will obtain your authorization prior to using your health information for marketing, fundraising purposes or for commercial use. Once authorized, you may opt out of these communications at any time.

**Family, Friends and Others involved in your care or payment for care:** We must disclose your health information to you. We may disclose your health information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose only the health information that is relevant to the person's involvement. We may use or disclose your name, location and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts. We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

**Marketing Health-Related Products and Services:** We may use your health information to communicate with you about health-related products, benefits, services, payment for those products and services and treatment alternatives. We will not use your health information for marketing communications without your written authorization.

**Reminders:** We may use or disclose health information to send you reminders about your dental care, such as appointment reminders via US Mail, email and telephone. By providing your email address to us, you agree that you may receive reminders and breach notifications via email as a possible alternative to US Mail. It is the policy of our office to leave a message on any voicemail or answering machine that may be attached to a number that you provide (home, cell or work). If you prefer that we NOT leave a message to confirm treatment or your appointments, please notify our front office staff.

**Plan Sponsors:** If your dental insurance coverage is through an employer's sponsored group dental plan, we may share summary health information with the plan sponsor.

**Public Health and Benefit Activities:** **We may use and disclose your medical information, without your permission, when required by law and when authorized by law for the following kinds of public health and public benefit activities:**

- to report disease and vital statistics, child abuse, adult abuse, neglect or domestic violence
- to avert a serious and imminent threat to health or safety
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities and fraud prevention agencies
- for research purposes
- in response to court and administrative orders and other lawful process
- to law enforcement officials regarding crime victims and criminal activities
- to coroners, medical examiners, funeral directors and organ procurement organizations
- to the military, federal officials for lawful intelligence, counterintelligence, national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody
- as authorized by state worker's compensation laws.

**Special protections for SUD records:** Substance Use Disorder (SUD) Treatment records have enhanced protections. They cannot be used in legal proceedings without your consent or court order. If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

**Business Associates:** We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Data Breach Notification Purposes:** We may use your contact information to provide legally required notices of unauthorized acquisition, access or disclosure of your health information.

**Additional Restrictions on use and disclosure:** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly Confidential Information" may include confidential information under Federal laws governing reproductive rights, alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

- 1) HIV/AIDS
- 2) Mental Health
- 3) Genetic Tests (in accordance with GINA 2009)
- 4) Alcohol and drug abuse
- 5) Sexually transmitted diseases and reproductive health information
- 6) Child or adult abuse or neglect, including sexual assault

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## **PATIENT RIGHTS**

**Access:** You have a right to look at or get a copy of your health records with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You may make a request in writing to obtain access to your health information). You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter the address at the end of this notice. If you request copies, we may charge you a reasonable fee for staff time to locate and copy the health information as well as postage if you would like the copies mailed to you. If you request an alternative format, we may charge a cost-based fee for providing your health information in the desired format. If you prefer, we will prepare a summary or explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operation and certain other activities for up to six years prior to the date of your request (HIPPA Privacy Rule 45 CFR § 164.528)

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communications:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **You must make your request in writing.** Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. **Your request must be in writing, and it must explain why the information should be amended.** We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form.

**Marketing:** You may decide if you want to give your authorization before your health information may be used or shared for certain purposes, such as marketing. It is the policy of our office NOT to sell or disclose your information to any outside firms or business partners. Your information may be used, only within our office, for the purposes of presenting certain products or services which our dentist(s) or staff feel may present a benefit for you and your oral health. If you would like to opt out of this level of service, please notify our front office staff. If you would like to opt out of any fundraising programs that our office may participate in, such as cancer walks, or other fundraising programs you may do so by notifying our front office staff.

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## QUESTIONS OR COMPLAINTS

If you want more information about our privacy practices or have any questions or concerns, please refer to the contact information below.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information, about amending your health information, about restricting our use or disclosure of your health information, or about how we communicate with you about your health information (including a breach notice communication), you may contact our Privacy Officer listed at the end of this notice.

You may also submit a written complaint to the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC, 20201. You may contact the Office for Civil Rights' hotline at 1-800-368-1019. We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

Privacy Officer:            Ryan T Anderson DDS  
Telephone:                (719) 384-9442  
Fax:                        (719) 384-9446  
E-mail:                    [ryan.andersondds3@gmail.com](mailto:ryan.andersondds3@gmail.com)  
Address:                   13 E 4<sup>th</sup> St., La Junta, CO 81050