



FORT WAYNE PROSTHODONTICS

Ryan Zimmerman DMD, FACP

NOTICE OF PRIVACY PRACTICES

Fort Wayne Prosthodontics, Inc.

Effective Date: February 16, 2026

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.

OUR LEGAL DUTY

Fort Wayne Prosthodontics, Inc. is required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you without unreasonable delay, and no later than 60 days after discovery, if a breach of your unsecured PHI occurs

We reserve the right to change this Notice at any time. Any revised Notice will apply to all PHI we maintain and will be:

- Posted in our office
 - Posted on our website
 - Available upon request
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HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your dental and prosthodontic care.

Examples include:

- Consulting with other dentists, specialists, physicians, or dental laboratories
 - Sending prescriptions to pharmacies
 - Referring you to other providers
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2. Payment

We may use and disclose your PHI to obtain payment for services.

Examples include:

- Submitting claims to dental or medical insurance
 - Verifying eligibility
 - Billing and collections
 - Providing information required by your insurer
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3. Health Care Operations

We may use and disclose your PHI for operations necessary to run our practice, including:

- Quality assessment and improvement
 - Staff training
 - Licensing and accreditation
 - Business management and administrative activities
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4. Appointment Reminders and Communications

We may contact you for:

- Appointment reminders
- Treatment follow-up
- Information about services

We may contact you by phone, voicemail, text message, mail, or email unless you request alternative confidential communication methods.

5. Individuals Involved in Your Care

We may disclose relevant information to a family member, friend, or person involved in your care or payment, unless you object.

6. Required by Law

We will disclose PHI when required to do so by federal, state, or local law.

7. Public Health and Safety

We may disclose PHI for:

- Public health activities
 - Reporting abuse or neglect
 - Health oversight activities
 - Judicial and administrative proceedings
 - Law enforcement purposes
 - To prevent a serious threat to health or safety
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8. Workers' Compensation

We may disclose PHI as authorized by workers' compensation laws.

SPECIAL PROTECTIONS FOR REPRODUCTIVE HEALTH CARE

(2024 HIPAA Final Rule)

We are prohibited from using or disclosing PHI for the purpose of:

- Conducting a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care; or
- Imposing criminal, civil, or administrative liability related to lawful reproductive health care.

In certain circumstances, before disclosing PHI potentially related to reproductive health care for law enforcement, judicial, or oversight purposes, we are required to obtain a signed attestation that the requested use or disclosure is not for a prohibited purpose.

SUBSTANCE USE INFORMATION

Any information in your record related to substance use or behavioral health conditions is treated as protected health information under HIPAA and applicable state law and will not be disclosed except as permitted or required by law.

Fort Wayne Prosthodontics, Inc. does not provide substance use disorder treatment services.

USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

We will obtain your written authorization for:

- Uses or disclosures not otherwise described in this Notice
- Most uses of psychotherapy notes (if applicable)
- Marketing communications not related to treatment
- The sale of PHI

You may revoke your authorization in writing at any time.

YOUR RIGHTS

1. Right to Inspect and Obtain a Copy

You have the right to inspect and obtain a copy of your PHI in paper or electronic format.

- Requests must be made in writing.
 - We will respond within 30 days of your request.
 - We may charge a reasonable, cost-based fee as permitted by law.
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2. Right to Amend

If you believe your PHI is incorrect or incomplete, you may request an amendment in writing.

We will respond within 60 days.

3. Right to an Accounting of Disclosures

You may request a list of certain disclosures made in the past six (6) years, excluding disclosures for treatment, payment, and health care operations.

4. Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your PHI.

We are required to agree to a restriction request if:

- The disclosure is to a health plan for payment or operations, and
- The service was paid in full out-of-pocket.

Other restriction requests may be accepted but are not required.

5. Right to Request Confidential Communications

You may request that we contact you at a specific location or by specific means (for example, only at work or only by mail). We will accommodate reasonable requests.

6. Right to Receive a Paper Copy

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

7. Right to a Personal Representative

If you have designated a person to act on your behalf, such as through a medical power of attorney, health care representative designation, or legal guardianship, we will treat that person as your personal representative and allow them to exercise your rights regarding your protected health information, as permitted by law.

We may request documentation to verify the authority of the personal representative before releasing information.

BREACH NOTIFICATION

If a breach of unsecured PHI occurs, we will notify you without unreasonable delay and no later than 60 days after discovery of the breach, as required by federal law.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Ryan Zimmerman

Security Officer

Fort Wayne Prosthodontics, Inc.

Phone: 260-486-8778

Email: office@fortwaynepros.com

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-877-696-6775

www.hhs.gov/hipaa/filing-a-complaint

You will not be retaliated against for filing a complaint.

CONTACT INFORMATION

For questions about this Notice or your privacy rights, contact:

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