



Dr. Adam Diesburg, DDS
1927 NE Baker Street
McMinnville, OR 97128

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 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.

We take our responsibility to safeguard your protected health information very seriously. We value your trust as an important part of our ability to provide you with the best possible medical care. We are dedicated to defending your right to a confidential relationship with your provider.

We are required by federal law (HIPAA) and Oregon law (including ORS 192.553–192.581 and related statutes) to maintain the privacy of your protected health information (PHI), provide you with notice of our legal duties and privacy practices, and notify you following a breach of unsecured PHI.

We must follow the privacy practices described in this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by law. Any changes will apply to all PHI we maintain. If we make significant changes, we will post the revised Notice in our office and provide copies upon request.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. **Treatment:** We may use and disclose your health information to provide, coordinate, or manage your dental care and related services.
2. **Payment:** We may use and disclose your health information to obtain payment for services provided to you, including submitting claims to insurance plans.
3. **Health Care Operations:** We may use and disclose your health information for practice operations, including quality improvement, training, licensing, and administrative activities.
4. **For Legal Requirements:** When required by federal, state, or local law.
5. **Individuals Involved in Your Care:** We may disclose information to family members or others you identify who are involved in your care or payment for your care, unless prohibited by law.
6. **Public Health and Safety:** We may disclose information as required for public health activities, reporting abuse or neglect, preventing serious threats to health or safety, or as otherwise required by law.
7. **For Research:** When reviewed and approved under a special process.
8. **For Workers' Compensation and Law Enforcement.** When required under these programs.
9. **With Family or Friends: If involved in your care and based on your preference or best interest.**

We will only share the minimum necessary information needed for each purpose. We will not use or disclose your health information for marketing, sale, or fundraising without your written authorization. You may revoke this authorization at any time in writing.

Special Protections: Substance Use Disorder (SUD) Records

If your medical record includes information related to substance use disorder treatment protected under federal law (42 CFR Part 2), that information has additional privacy protections:

- We will not disclose it without your written consent unless required by law.
- It may not be used in court or legal proceedings without a special court order.
- You may revoke your consent at any time.
- Any re-disclosure of this information by others may no longer be protected.
- You have the right to opt out of any fundraising communications.

This includes:

- Mental health records
- HIV/AIDS and sexually transmitted infection information
- Genetic testing information
- Records of minors who may consent to certain services under Oregon law

We will comply with these additional protections where applicable.

YOUR RIGHTS: You have the right to:

Access: Ask to see or get a copy of your health and billing records.

Amend: Ask us to correct your records if you think they're incorrect.

Request Restrictions: Ask us not to use or share certain information. We are not required to agree but will consider your request.

Request Confidential Communications: Ask us to contact you in a specific way (e.g., only at work, no voicemail).

Accounting and Disclosures: Ask for a list of when we shared your information for reasons other than treatment, payment, or healthcare operations.

Get a Copy of this Notice: You can request a paper copy at any time.

Be Notified of a Breach: You will be notified if a breach occurs that may have compromised your protected health information.

To exercise any of these rights, contact our Privacy Officer/General Manager using the details at the bottom of this page.

COMPLAINTS and QUESTIONS: If you believe your privacy rights have been violated, you may file a complaint with our Privacy Official or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

PRIVACY OFFICIAL CONTACT INFORMATION

Privacy Official Name: General Manager, Dr. Adam Diesburg DDS

Address: 1927 NE Baker Street, McMinnville, OR 97128

Phone: 503-472-2222

Email: info@macdentalcare.com