LANCASTER COUNTY CAREER & TECHNOLOGY CENTER

DENTAL HYGIENE CLINIC

NOTICE OF PRIVACY PRACTICES

Effective Date: August 14, 2026

YOUR HEALTH INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This Notice of Privacy Practices describes how the **Lancaster County Career & Technology Center (LCCTC) Dental Hygiene Clinic** may use and disclose your protected health information (PHI), how you may obtain access to your information, and your rights concerning the privacy of your health information.
Please review this notice carefully.

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1. WHO WE ARE

The LCCTC Dental Hygiene Clinic provides dental hygiene services in an educational clinical setting. Dental hygiene services may be provided by dental hygiene students under the supervision of licensed dental hygiene faculty and/or dentists, as applicable.

For purposes of this Notice, **"we," "us," and "our"** refer to the LCCTC Dental Hygiene Clinic and individuals who are authorized to provide, supervise, administer, or support dental hygiene services within the clinic.

Because the clinic operates as part of an educational program, information may be accessed by authorized faculty, students, and staff when necessary for treatment, payment, health care operations, education, quality assurance, or other purposes permitted by law.

We are committed to protecting the privacy and security of your health information.

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2. WHAT IS PROTECTED HEALTH INFORMATION?

Protected Health Information (PHI) is individually identifiable health information that relates to your:

- Physical or mental health;
- Dental or oral health;
- Health care or treatment;
- Payment for health care; or
- Past, present, or future health care.

Examples include:

- Dental and medical history;
- Dental examination findings;
- Periodontal findings;
- Dental radiographs and images;
- Treatment plans;
- Medication information;
- Medical alerts;
- Appointment information;

- Billing and payment information; and
- Communications concerning your dental care.

We will protect your PHI as required by applicable federal and state law.

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3. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following are examples of ways we may use or disclose your health information without obtaining additional written authorization when permitted by law.

Treatment

We may use and disclose your health information to provide, coordinate, or manage your dental care.
For example, information may be shared with:

- Supervising dentists or dental professionals;
- Dental hygiene faculty;
- Authorized dental hygiene students involved in your care;
- Other health care providers involved in your treatment; or
- A specialist when a referral is appropriate.

Payment

We may use or disclose your information to obtain payment for services or determine eligibility for payment.
Please note, this clinic does not participate in or bill insurance.

Health Care Operations

We may use and disclose your information for activities necessary to operate the clinic and dental hygiene program.
Examples include:

- Quality assessment and improvement;
- Student clinical education and evaluation;
- Faculty supervision;
- Auditing;
- Compliance activities;
- Credentialing;
- Clinic administration;
- Risk management;
- Patient safety activities; and
- Training and educational activities.

Appointment Reminders

We may contact you to remind you about appointments or provide information about scheduled dental hygiene services.

Treatment Alternatives and Health-Related Information

We may contact you regarding treatment alternatives or other health-related services that may be of interest to you, as permitted by law.

Individuals Involved in Your Care

We may disclose appropriate information to a family member, close friend, or another person identified by you who is involved in your dental care or payment for your care, when permitted by law.

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4. OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose your health information without your written authorization when permitted or required by applicable law, including certain circumstances involving:

- Public health activities;
- Abuse, neglect, or domestic violence reporting;
- Health oversight activities;
- Judicial or administrative proceedings;
- Law enforcement purposes;
- Serious threats to health or safety;
- Workers' compensation;
- Organ and tissue donation;
- Coroners and medical examiners;
- Certain specialized government functions; and
- Other uses or disclosures required by law.

We will make reasonable efforts to limit the use and disclosure of PHI to the minimum necessary when required by HIPAA.

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5. SPECIAL CONFIDENTIALITY PROTECTIONS

Certain types of health information may receive additional protection under federal or state law.
Depending upon the circumstances, this may include information concerning:

- Substance use disorder treatment;
- Mental health information;
- HIV/AIDS;
- Genetic information;
- Reproductive health information; and
- Other information protected by applicable federal or Pennsylvania law.

When additional legal protections apply, we will comply with those requirements.

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6. SUBSTANCE USE DISORDER TREATMENT INFORMATION – 42 CFR PART 2

Important Privacy Protection for Substance Use Disorder Treatment Records

Federal law provides special confidentiality protections for certain patient records relating to **substance use disorder (SUD) treatment programs** under **42 CFR Part 2**.

A **Part 2 Program** is a program or activity that provides certain substance use disorder education, prevention, training, treatment, rehabilitation, or research and is subject to the federal Part 2 regulations.

The LCCTC Dental Hygiene Clinic is **not itself a substance use disorder treatment program merely because a patient reports a history of substance use or receives medications associated with substance use disorder treatment.**

However, the clinic may receive or maintain information originating from a Part 2 Program in certain circumstances.

If We Receive Part 2-Protected Information

If we receive or maintain information from a Part 2 Program that is protected under federal law, we will handle that information in accordance with applicable HIPAA and Part 2 requirements.

If you provide a Part 2 Program with a **general written consent** permitting the Part 2 Program to use or disclose your records for treatment, payment, or health care operations, applicable Part 2 records received by us may be used and disclosed for those purposes as permitted by law and as described in this Notice.

Additional Protection for Certain Part 2 Records

Part 2 provides special protections for substance use disorder treatment records.
Except as permitted by Part 2, we will not use or disclose a Part 2 record, or testimony describing information contained in a Part 2 record, in a civil, criminal, administrative, or legislative proceeding against you unless:

1. You provide the authorization required by applicable law; or
2. A qualifying court order authorizes the use or disclosure after the required notice and procedures have been followed.

Part 2 records may also be subject to additional requirements concerning patient consent, redisclosure, and other uses and disclosures.

Your Rights Regarding Part 2 Information

If information we maintain is protected by 42 CFR Part 2, you may have additional rights concerning that information.
These rights may include rights concerning:

- Consent;
- Access;
- Restrictions;
- Disclosure accounting;
- Complaints; and
- Confidentiality.

We will comply with applicable federal and state confidentiality requirements.
For additional information regarding Part 2 protections, please contact the LCCTC Dental Hygiene Clinic Privacy Officer identified at the end of this Notice.

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7. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights concerning your PHI, subject to certain limitations and exceptions under applicable law.

Right to Inspect and Obtain a Copy

- You generally have the right to inspect and obtain a copy of health information that may be used to make decisions about you.
- You may request your information in paper or electronic form when applicable.
- We may charge a reasonable, cost-based fee when permitted by law.

Right to Request an Amendment

- You may request that we correct or amend health information that you believe is incorrect or incomplete.
- Your request must be submitted in writing.
- We may deny a request when permitted by law. If we deny your request, we will provide an explanation of our decision and information about how you may submit a statement of disagreement when applicable.

Right to Request Restrictions

- You may ask us to restrict how we use or disclose your health information.
- We are not required to agree to every restriction request.

Right to Request Confidential Communications

You may request that we communicate with you about your health information in a particular way or at a particular location.
For example, you may request that we contact you:

- By telephone rather than mail;
- At a particular telephone number; or

- At an alternative mailing address.

We will consider reasonable requests as required by law.

Right to Receive a Paper Copy of This Notice

- You may request a paper copy of this Notice at any time.
- You may also request an electronic copy when available.

Right to Receive Notification Following a Breach

You have the right to receive notification as required by applicable law if a breach of unsecured protected health information occurs.

Right to File a Complaint

- You have the right to file a complaint if you believe your privacy rights have been violated.
- You will not be retaliated against for filing a complaint.

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8. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Most uses and disclosures of psychotherapy notes, certain marketing activities, and other uses or disclosures requiring authorization under HIPAA will not be made without your written authorization.

If an authorization is required, you may generally revoke it in writing as permitted by law.

Revocation will not affect information already used or disclosed based on your prior authorization.

Additional authorization requirements may apply to information protected under 42 CFR Part 2 or other federal or Pennsylvania confidentiality laws.

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9. YOUR CHOICE REGARDING CERTAIN DISCLOSURES

For certain disclosures, you may have the opportunity to agree or object before information is shared.

For example, when appropriate and permitted by law, we may disclose limited information to:

- A family member;
- A close friend; or
- Another person involved in your care or payment for your care.

You may tell us that you do not want information shared with a particular person.

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10. OUR RESPONSIBILITIES

The LCCTC Dental Hygiene Clinic is required to:

- Maintain the privacy of your health information;
- Provide you with this Notice describing our legal duties and privacy practices;
- Follow the terms of the Notice currently in effect;
- Notify affected individuals following a breach of unsecured PHI as required by law;
- Provide you with information about your rights under HIPAA and applicable law; and
- Comply with applicable federal and Pennsylvania privacy and confidentiality requirements.

We reserve the right to change our privacy practices and make the revised Notice effective for all PHI we maintain.

When required, we will make the revised Notice available upon request and post it in the clinic.

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11. STUDENT EDUCATION AND CLINICAL TRAINING

Because the LCCTC Dental Hygiene Clinic is an educational clinic, your dental care may involve authorized dental hygiene students as part of their clinical education.

Students may access and use appropriate patient information as necessary for:

- Providing patient care;

- Completing clinical documentation;
- Developing treatment plans;
- Receiving faculty supervision;
- Clinical competency evaluation;
- Case presentations;
- Educational assignments; and
- Other authorized educational activities.

Students are required to follow LCCTC policies, clinic procedures, HIPAA requirements, and applicable privacy and confidentiality laws.

Patient information used for educational purposes will be handled in accordance with applicable privacy requirements.

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12. PHOTOGRAPHS, RADIOGRAPHS, AND CLINICAL IMAGES

Dental photographs, radiographs, intraoral images, extraoral images, periodontal charts, clinical findings, and other patient information may be collected as part of your dental hygiene care.

When patient information is used for educational purposes beyond treatment, payment, or health care operations, additional authorization may be required depending upon the circumstances.

Patient-identifying information should not be included in student presentations, assignments, photographs, electronic communications, or other educational materials unless permitted and appropriately authorized.

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13. ELECTRONIC COMMUNICATIONS

We may communicate with you electronically when permitted by law and consistent with LCCTC policies.

Examples may include:

- Telephone;
- Electronic mail;
- Electronic appointment systems; or
- Other approved electronic communication systems.

Electronic communications may carry privacy and security risks.

Patients may request alternative communication methods when permitted by law.

Students and staff should not use personal, unapproved electronic accounts, messaging applications, social media, or personal devices to transmit patient information except as specifically authorized under LCCTC policy.

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14. SOCIAL MEDIA AND PHOTOGRAPHY

The LCCTC Dental Hygiene Clinic prohibits unauthorized posting, photographing, recording, or sharing of patient information.

Students, faculty, staff, volunteers, and other individuals associated with the clinic may not post or share patient-identifying information, photographs, radiographs, clinical cases, or other protected information on personal or public social media accounts without appropriate authorization and approval.

This includes, but is not limited to:

- Facebook;
- Instagram;
- TikTok;
- Snapchat;
- YouTube;

- Personal websites;
- Messaging applications; and
- Other social media or online platforms.

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15. HOW TO EXERCISE YOUR RIGHTS

To exercise your rights under this Notice, contact:

LCCTC Dental Hygiene Clinic

Privacy Officer/Clinic Coordinator: Laura Myers, MS, BASDH

Address: 1730 Hans Herr Drive; Willow Street, PA 17584

Telephone: 717-464-7050 x7126

Email: Lmyers@lancasterctc.edu

Written requests may be required for certain rights.

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16. QUESTIONS OR PRIVACY CONCERNS

If you have questions about this Notice or believe your privacy rights have been violated, please contact:

LCCTC Dental Hygiene Clinic Director

Name/Title: Donna Maslin, MA – Dental Hygiene Clinic Director
Telephone: 717-464-7050 x 7211
Email: Dmaslin@lancasterctc.edu
Address: 1730 Hans Herr Drive
Willow Street, PA 17584

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17. FILING A COMPLAINT

You may file a complaint with LCCTC if you believe your privacy rights have been violated.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

You will not be retaliated against for filing a privacy complaint.

U.S. Department of Health and Human Services

Office for Civil Rights

Information regarding how to file a HIPAA complaint is available through the HHS Office for Civil Rights.

DOCUMENT CONTROL

Document: LCCTC Dental Hygiene Clinic Notice of Privacy Practices

Document Owner: Dental Hygiene Program / Clinic

Effective Date: August 14, 2026

Review Frequency: At least annually and when applicable laws, regulations, or LCCTC policies change

Last Reviewed: August 14, 2026

Next Review Date: August, 2027

Approved By: Laura G Myers, MA, BASDH

Approval Date: August 14, 2026