HIPAA Privacy Rule Update
What Dental Practices Should Know

Changes to Support Coordinated Care and Individual Engagement and Reduce Regulatory Burdens

The final rule expands patient access, clarifies care coordination, and eliminates selected administrative requirements. Dental practices covered by HIPAA will need to revise workflows.

HIPAA sets federal standards, Dental practices must also comply with applicable state laws that may impose more stringent privacy protections, shorter records-release deadlines, or other requirements.

Source: HHS/OCR, HIPAA Privacy Rule: Changes to Support Coordinated Care and Individual Engagement and Reduce Regulatory Burdens, RIN 0945-AA00 .

PRACTICE IMPLICATION HIGHLIGHTS

5 KEY TAKEAWAYS

1. Faster patient access to Patient Health Information (PHI). Act on requests within 15 calendar days (previously 30). One extension of up to 30 additional days is permitted if issued in writing and on time. This rule does not itself require new third-party app connections. Separate information-blocking obligations still apply.

2. Fewer obstacles for patients. Use reasonable identity checks; do not require in-person visits or cumbersome access forms when a less burdensome approach is practicable.

3. Electronic access and records fees change. Provide PHI in the requested format when readily producible. In-person inspection and qualifying automated internet-based access must be free if available; practices charging records fees must make a fee schedule available. Provide electronic records in the patient's requested format when readily producible; otherwise, provide an agreed-upon readable electronic format, such as a pdf.

4. Privacy notice paperwork decreases. Update the Notice of Privacy Practices (NPP). Healthcare providers no longer need to obtain a signed acknowledgment of receipt.

5. Care coordination is clarified. Permits appropriate PHI sharing to support referrals and care management without the patient's written authorization. The final rule did not change the minimum necessary rule.

TASKS FOR THE DENTIST/PRACTICE OWNER

- ☐ Designate the Privacy Official to implement HIPAA policy changes and document staff training.
- ☐ Confirm the practice can export records, radiographs, and treatment plans promptly.
- ☐ Approve revised patient access, fee, and NPP policies and procedures before the compliance date.

ACCESS REMINDERS

- ✓ A record does not need to be stored in the patient's electronic chart to be considered part of the Designated Record Set (DRS) (see page 2 for examples).
- ✓ Records held by vendors on behalf of the practice may also be part of its DRS.
- ✓ HIPAA permits limited exceptions to patient access rights. See § 164.524 of the revised HIPAA Privacy Rule and consult legal counsel with questions.
- ✓ Coordinate relevant information with treating medical providers under applicable HIPAA permissions.

KEY DATES

Publication date:
November 19, 2026

Effective date:
January 19, 2027

Compliance date:
July 19, 2027

Note: Dates are calculated from the prepublication schedule. Verify against the published Federal Register notice.

SAMPLE PRACTICE CHECKLIST

Use this checklist to assign owners, update workflows, and document readiness. Items marked below reflect examples of operational steps based on the HHS final rule;

Review the final rule as well as state law and practice-specific requirements with appropriate advisors.

STATE-LAW COMPLIANCE CHECK	STAFF TRAINING AND FOLLOW-UP
☐ Check state dental-record access and release deadlines. ☐ Compare state privacy, security and disclosure requirements. ☐ Apply any applicable more stringent state requirements not preempted by HIPAA; consult counsel if uncertain.	☐ Train and document training of administrative and clinical staff on new policies and procedures. ☐ Run a mock request to test the 15-day workflow and vendor response. ☐ Keep documentation of policy changes, training, and implementation. ☐ Make note of the Federal Register compliance date and any applicable state laws.

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PATIENT RECORD REQUESTS

☐ Log the date and method each patient access request is received.
☐ Create a 15-calendar-day deadline alert and monitor open requests.
☐ If needed, send one written extension notice within 15 days, stating the reason and new deadline (up to 30 additional days).
☐ Revise patient access forms; remove unnecessary authorization requirements.
☐ Offer reasonable verification methods without unnecessary in-person visits.
☐ Test export of radiographs, images, chart notes, and records

RECORDS FEES AND PATIENT COMMUNICATION

☐ Identify free in-person inspection and qualifying automated internet-based access options.
☐ Recalculate copy fees; if charging, post a fee schedule online (if the practice has a website) and make it available at the point of service.
☐ Explain available record formats and electronic delivery options to staff.
☐ Update the NPP and discontinue requestinf the written acknowledgment.

COORDINATION AND VENDORS

☐ Review PHI-sharing procedures for referrals and care coordination.
☐ Retain minimum necessary safeguards for applicable operations disclosures.
☐ Confirm who handles access requests made through records vendors.
☐ Review business associate agreements and applicable transition rules.
☐ Update written policies and procedures, staff instructions, and records-request logs.

COMMON PATIENT RECORD REQUESTS: DENTAL PRACTICE EXAMPLES

The examples below illustrate how patient requests may involve different portions of a Designated Record Set (DRS). The DRS includes medical and billing records maintained by or for a covered dental practice and other records used, in whole or in part, to make decisions about individuals care.

Patient request	Examples of DRS elements that may be included
"I'd like a copy of my complete dental record."	Clinical notes, treatment plans, periodontal charting, radiographs, intraoral photographs used in treatment planning, referral reports, consultation reports, and records documenting treatment recommendations.
"My dental plan denied coverage for a crown. I want the records related to that decision."	Claim forms, predetermination requests, supporting narratives, radiographs submitted with the claim, clinical notes supporting medical necessity, benefit determination communications maintained by the practice, and billing records related to the procedure.
"I'm getting a second opinion and want all records related to my implant treatment."	CBCT images, digital radiographs, implant planning records, digital impression files, surgical planning information, consultation notes, and treatment plans.
"I want everything used to develop my orthodontic treatment plan."	Diagnostic photographs, radiographs, orthodontic measurements and analyses, treatment simulations, progress notes, and treatment recommendations provided to the patient or parent.
"I would like all information used to determine that I needed scaling and root planing."	Periodontal charting, bleeding assessments, radiographs, risk assessments, clinical notes documenting disease findings, treatment recommendations, and other information relied upon in making the treatment decision.

Practical Tip

Ask: " Is this part of the patient's medical or billing records, or was it used to make decisions about the patient?"

If the answer is yes, the information is likely part of the Designated Record Set and should be evaluated for disclosure under the patient's HIPAA right of access.

Imaging files, digital impressions, treatment simulations, patient photographs, laboratory records, and AI-generated analyses may be part of the DRS if they were used to make decisions about the patient's care or payment.

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