



## PEACE STREET DENTAL

RYAN T. GRIFFITH, DMD

# HIPAA Notice of Privacy Practices

*Effective February 9, 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.

### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Access to your medical records:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record:** You can ask us to correct health information about you that you think is incorrect or incomplete. The request must be submitted in writing. Your request does not guarantee the amendment, but does guarantee that it will be reviewed and responded to in writing within 60 days.

**Request confidential communications:** We may contact you via phone, voicemail, text message, email, or mail for appointment reminders, treatment information, billing, and office updates. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

**Ask us to limit what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

**Request a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Request a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. A copy of this notice is also posted on our website and available in our office.

**Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Questions and complaints:** If you have concerns relating to a perceived violation of your privacy rights, access to your health information, amending or restricting the use or disclosure of your health information, or requesting alternative means of communication, please contact our Privacy Officer at 919.755.3450; 615 St. Marys Street, Raleigh, NC 27605; [bethany@peacestreetdental.com](mailto:bethany@peacestreetdental.com)



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You may also submit a written complaint to the Department of Health and Human Services (HHS) by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the HHS.

### Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and the choice to tell us to:**

Share information with your family, close friends, or others involved in your care.

Share information in a disaster relief situation.

Include your information in a hospital directory.

*If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we never share your information unless you give us written permission:** Marketing purposes, sale of your information, and most sharing of psychotherapy notes.

**In the case of fundraising:** We may contact you for fundraising efforts. If you do not wish to receive such information from us, you may elect to not receive this communication.

### Our Uses and Disclosures of Your Health Information

**Treat you:** We can use your health information and share it with other professionals who are treating you. *Example: A periodontist treating you for gum disease asks another doctor about your overall dental health.*

**Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use your health information to manage your treatment and services.*

**Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information:** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).



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**Substance use disorder records (42CFR Part 2):** We may use and disclose your substance use disorder records, subject to 42 CFR Part 2, for treatment, payment, and health care operations as permitted by law. We are prohibited from using or disclosing your substance use disorder records subject to 42 CFR Part 2 in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order.

**Help with public health and safety issues:** We can share health information about you for certain situations, such as: Preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.

**Do research:** We can use or share your information for health research.

**Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests:** We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.