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## NOTICE OF PRIVACY PRACTICES

**Effective Date: January 15, 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.**

### OUR LEGAL DUTY

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health providers keep your medical and dental information private. The HIPAA Privacy Rule states that health providers must also post in a clear and prominent location, and provide patients with a written Notice of Privacy Practices.

We are required by law to protect the privacy of your protected health information ("medical information"). We must follow the privacy practices that are 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, provided such changes are permitted by applicable law.

### USES AND DISCLOSURES OF HEALTH INFORMATION

The following describes how information about you may be used in this dental office:

- **Treatment:** We may disclose your medical information, without your prior approval, to another dentist or healthcare provider working in our facility or otherwise providing you treatment for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, your health information may be disclosed to an oral surgeon to determine whether surgical intervention is needed.
- **Payment:** We provide dental services. Your medical information may be used to seek payment from your insurance plan or from you. For example, your insurance plan may request and receive information on dates that you received services at our facility in order to allow your employer to verify and process your insurance claim.
- **Health Care Operations:** We may use and disclose your medical information, without your prior approval, for health care operations. Health care operations include:
  - healthcare quality assessment and improvement activities;

- reviewing and evaluating dental care provider performance, qualifications and competence, health care training programs, provider accreditation, certification, licensing and credentialing activities;
  - conducting or arranging for medical reviews, audits and legal services, including fraud and abuse detection and prevention; and
  - business planning, development, management and general administration including customer service, complaint resolutions and billing, de-identifying medical information, and creating limited data sets for health care operations, public health activities and research.
- We may disclose your medical information to another dental or medical provider or to your health plan subject to federal privacy protection laws, as long as the provider or plan has had a relationship with you and the medical information is for that provider's or health plan's care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.
- **Substance Use Disorder (SUD) Records:** The confidentiality of substance use disorder patient records is protected by strict federal law and regulations (42 CFR Part 2). Generally, we may not disclose any information identifying a patient as having a substance use disorder unless:
  - The patient consents in writing;
  - The disclosure is allowed by a court order; or
  - The disclosure is made to medical personnel in a medical emergency.

**Information related to substance use disorder treatment cannot be used to criminally investigate or prosecute a patient.**
- **Reproductive Health Care Privacy:** We recognize that information regarding reproductive health care is highly sensitive. **We will not use or disclose your protected health information to conduct a criminal, civil, or administrative investigation into, or impose liability for, the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.**
- **Marketing and Fundraising:** We will not use your health information for marketing or fundraising purposes without your written consent. You have the right to opt out of receiving fundraising communications from us. We will not sell your health information without your explicit authorization.
- **Business Associates:** We may disclose your health information to our business associates (such as practice management software providers or billing services) so that they can perform the job we have asked them to do. All of our business associates are required by contract to safeguard your information and follow HIPAA Privacy Rules.
- **Public Health and Safety:** We may use or disclose your health information, without your permission, for public health activities, including preventing or controlling disease, reporting abuse or neglect, and averting a serious and imminent threat to health or safety.
- **Legal Requirements:** We may use or disclose your health information when required to do so by law, including in response to court or administrative orders, or to law

enforcement officials under specific circumstances (subject to the SUD and Reproductive Health protections listed above).

- **Data Breach Notification Purposes:** We may use your contact information to provide legally required notices of unauthorized acquisition, access or disclosure of your health information.
- **Reminders:** We may use or disclose medical information to send you reminders about your dental care, such as appointment reminders via US Mail, email and telephone. By providing your email address to us, you agree that you may receive reminders and breach notifications via email as a possible alternative to US Mail. It is the policy of our office to leave a message on any voicemail or answering machine that may be attached to a number that you provide (home, cell or work). If you prefer that we NOT leave a message to confirm treatment or your appointments, please check this box

## **ADDITIONAL RESTRICTIONS ON USE AND DISCLOSURE**

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of "Highly Confidential Information," which may include:

1. HIV/AIDS status
2. Mental Health records
3. Genetic Tests (in accordance with GINA 2009)
4. Sexually transmitted diseases
5. Child or adult abuse or neglect, including sexual assault

## **PATIENT RIGHTS**

- **Access:** You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing.
- **Amendment:** You have the right to request that we amend your health information if you believe it is incorrect or incomplete.
- **Accounting of Disclosures:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, or health care operations.
- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information.
- **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations (e.g., "only contact me via mail").

## **QUESTIONS AND COMPLAINTS**

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your medical information, you may contact our Privacy Officer. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

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**PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**[ ] I have received (or have been offered) a copy of this office's Notice of Privacy Practices (Effective Jan 14, 2026).** By signing this form, I acknowledge the new provisions regarding Substance Use Disorder and Reproductive Health Privacy, and I consent to the use and disclosure of my health information for treatment, payment, and health care operations as outlined in the Notice.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_