

NOTICE OF PRIVACY PRACTICES

Mizner Family Dental
2929 N 204th Street, Suite 105
Elkhorn, Nebraska 68022

Effective Date: February 20th, 2026

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Mizner Family Dental is committed to protecting the privacy and security of your protected health information (PHI). This notice describes how we may use and disclose your information and your rights regarding that information.

OUR LEGAL DUTY

We are required by law to:

- Maintain the privacy of your protected health information
 - Provide you with this Notice of Privacy Practices
 - Follow the terms of this notice currently in effect
 - Notify you following a breach of unsecured PHI when required
-

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

We may use and disclose your information to provide, coordinate, or manage your dental care.

Examples include:

- Sharing information with specialists or labs
 - Reviewing radiographs
 - Discussing treatment with other healthcare providers
-

Payment

We may use your information to bill and collect payment.

Examples include:

- Submitting claims to insurance
 - Verifying coverage
 - Billing statements
 - Collection activities
-

Healthcare Operations

We may use your information to operate and improve our practice.

Examples include:

- Quality assessment
 - Staff training
 - Compliance reviews
 - Administrative activities
-

Appointment Reminders & Health-Related Communications

We may contact you by phone, text, email, or mail to:

- Remind you of appointments
 - Provide treatment follow-up
 - Inform you of treatment options
 - Share health-related information
-

Individuals Involved in Your Care

With your permission, we may disclose information to family members or others involved in your care or payment.

Required by Law

We may disclose your information when required by federal, state, or local law.

Public Health and Safety

We may disclose information to:

- Public health authorities
 - Law enforcement officials
 - Health oversight agencies
 - To prevent a serious threat to health or safety
-

Specialized Government Functions

Disclosures may occur for:

- Military activities
 - National security
 - Correctional institutions
 - Workers' compensation
-

USES REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization for uses not described above, including:

- Marketing communications not related to treatment
- Sale of health information
- Most uses of psychotherapy notes (if applicable)

You may revoke authorization at any time in writing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

Request Restrictions

Ask us to limit certain uses or disclosures (we are not required to agree).

Request Confidential Communications

Ask to be contacted in a specific way or at a specific location.

Access Your Records

Inspect or obtain copies of your health information.

Request Amendments

Request corrections to your records.

Accounting of Disclosures

Request a list of certain disclosures made outside treatment, payment, or operations.

Obtain a Paper Copy

Receive a paper copy of this notice upon request.

OUR RIGHT TO CHANGE THIS NOTICE

We reserve the right to revise this notice. Any revised notice will apply to all information we maintain and will be made available:

- In our office
- On our website
- Upon request

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation.

Contact our office:

Mizner Family Dental
2929 N 204th Street, Suite 105
Elkhorn, NE 68022
Phone: _____

Or contact:

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775