



Notice of Privacy Practices (Summary)

Our office is dedicated to protecting the privacy rights of our patients and the confidential information entrusted to us. It is a requirement of this practice that every employee receives appropriate training and is dedicated to the principal concept that your health information should never be compromised. We are required by law to maintain the privacy of your protected health information (“PHI”), provide you with this Statement of Privacy Practices, and follow the terms of this Statement currently in effect. We may, from time to time, amend our privacy policies and practices and will make updated notices available.

Protecting Your Personal Healthcare Information

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act (HIPAA) and applicable Washington law. This includes uses and disclosures related to your treatment, payment, and our health care operations. Your personal health information will not be otherwise given or disclosed without your consent or written authorization, except as permitted or required by law.

You may give written authorization for us to disclose your information to anyone you choose, for any purpose, and you may revoke such authorization in writing as permitted by law. Our offices and electronic systems are secure against unauthorized access, and our employees are trained to ensure that the confidentiality, integrity, and availability of your records are protected. Our privacy practices apply to all former, current, and future patients. Please be aware that information we disclose pursuant to your authorization or as otherwise permitted by law may be subject to redisclosure by the recipient and may no longer be protected by federal privacy regulations.

Collecting Protected Health Information (PHI)

We request only the personal information needed to provide quality health care, process payment activities, conduct normal health care operations, and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment data, medical history, and health records. While most information is collected directly from you, information may also be obtained from third parties when necessary. Regardless of the source, your information is protected as required by law.

Disclosure of Your Protected Health Information

We may disclose your health information as required by law, including to law enforcement or governmental officials under certain circumstances. We will not use your information for marketing or fundraising purposes without your written consent. We may use and/or disclose your health information to communicate reminders about your appointments, including voicemail messages, answering machines, text messages, email messages, and postcards, unless you direct us otherwise. We will never sell your protected health information or allow access to it in exchange for financial remuneration.

Substance Use Disorder Treatment Records

We may receive health information about you from substance use disorder (SUD) treatment programs that is protected under federal law (42 CFR Part 2). Part 2 records have additional protections: we cannot use or disclose these records in legal proceedings against you without your written consent or a court order, and we cannot re-disclose these records to others except as permitted by Part 2. You have the right to request restrictions on how we use or disclose Part 2 records and the right to receive an accounting of disclosures of these records.

Breach Notification

Any breach involving unauthorized acquisition, access, use, or disclosure of your protected health information will be investigated, addressed, and mitigated in accordance with the HIPAA Breach Notification Rule. You have the right to be notified of any breach involving your protected health information as required by law.

Your Rights as Our Patient

You have the right to access and receive copies of your health information in paper or electronic form, request amendments, receive an accounting of certain disclosures, request confidential communications, and request restrictions on certain uses and disclosures of your information. We must agree to restrict disclosures to your health plan if you pay for a service in full out-of-pocket. You also have the right to receive a paper copy of this Notice at any time. All requests must be made in writing. Fees may apply as permitted by law.

If you have any questions about this Notice or our privacy practices, please contact our Privacy Officer at info@mkperio.com. If you believe your privacy rights have been violated, you may notify us or file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 1-877-696-6775 or www.hhs.gov/ocr. We will not retaliate against you for filing a complaint.

An expanded and complete copy of our Notice of Privacy Practices is available for your review.

Revised as of 2/6/2026

ADDITIONAL DISCLOSURE AUTHORIZATION

In addition to the allowable disclosures described in the Statement of Privacy Practices, I hereby specifically authorize disclosure of my Protected Healthcare Information to the person(s) identified below. (I understand that if I do not fill this section out, my protected health information (PHI) cannot be shared with anyone unless otherwise allowed by HIPAA rules.)

- Spouse Only * Any member of my immediate family (i.e., Spouse, Children, Siblings, etc.) * Any member of my extended family (i.e., Parents, Grandchildren) *

Other individual(s):

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices for the offices of MK Periodontics & Implants. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Notice of Privacy Practices also describes my rights and the responsibilities and duties of this office with respect to my protected health information. The Notice of Privacy Practices is also posted in the facility.

MK Periodontics & Implants reserves the right to change the privacy practices currently described in the Notice of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Statement of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Notice of Privacy Practices by requesting that one be mailed or otherwise transmitted to me.

Patient's Name

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Patient's Signature

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Date

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Parent or Guardian Signature(if applicable:)

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Date

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