

Palm Branch Dentistry

Notice of Privacy Practices

Effective Date: February 16, 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.

Palm Branch Dentistry is required by law to maintain the privacy of your protected health information (“PHI”), provide you with notice of our legal duties and privacy practices, and notify you following a breach of unsecured PHI.

We are required to follow the terms of this Notice while it is in effect.

How We May Use and Disclose Your Health Information

We may use and disclose your health information for the following purposes:

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your dental care. This may include sharing information with specialists, laboratories, or other healthcare providers involved in your treatment.

Payment

We may use and disclose your PHI to obtain payment for services rendered, including billing insurance companies and verifying coverage.

Healthcare Operations

We may use and disclose your PHI for practice operations such as quality improvement, staff training, licensing, accreditation, and business management.

Special Protections for Certain Information

Some types of information may receive additional protections under federal or Georgia law, including:

- HIV-related information

- Genetic information
- Mental health records
- Substance use disorder (SUD) treatment records

Substance Use Disorder Records (42 CFR Part 2)

If we receive records from a substance use disorder treatment program covered under 42 CFR Part 2, we may use and disclose that information only as permitted by law and consistent with your consent.

We will not use or disclose Part 2 records in legal proceedings against you without your specific written consent or a court order.

Other Permitted or Required Disclosures

We may disclose your PHI when required by law, including:

- Public health reporting
- Abuse or neglect reporting
- Law enforcement requests
- Judicial proceedings
- Workers' compensation claims
- Health oversight activities
- National security purposes

Uses and Disclosures Requiring Your Authorization

We will not sell your protected health information. In the unlikely event that any disclosure of your protected health information would constitute a sale under federal law, we would obtain your written authorization in advance, as required by HIPAA.

We will obtain your written authorization for:

- Marketing communications involving PHI
- Sale of PHI
- Disclosure of psychotherapy notes (if applicable)
- Any use not otherwise described in this Notice

You may revoke authorization in writing at any time.

Your Rights Regarding Your Health Information

You have the right to:

Access

Request a copy of your health records (paper or electronic). Reasonable fees may apply.

Amend

Request corrections to your health information.

Request Restrictions

Request limitations on certain uses or disclosures.

Request Confidential Communications

Ask us to communicate with you in a specific way (e.g., at a specific phone number).

Accounting of Disclosures

Request a list of certain disclosures made in the past six years.

Breach Notification

Be notified if your unsecured PHI is breached.

File a Complaint

You may file a complaint without fear of retaliation:

U.S. Department of Health & Human Services
Office for Civil Rights
www.hhs.gov/ocr

Privacy Official Contact

If you have questions or wish to exercise your rights, contact:

Privacy Official:

Palm Branch Dentistry
2045 Peachtree Rd Suite 400, Atlanta, GA 30309
Phone: (404) 351-5666
Email: info@palmbranchdentistry.com

