

Notice of Privacy Practices for Protected Health Information

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!

Effective Date: February 6, 2026

Rome Dental & Implant Center is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnosis, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your dentist, our office staff, and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the dentist's practice, and any other use required by law.

Treatment: We will use and disclose your protected information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care for you. Your protected health information may also be provided to a dentist to whom you have been referred to ensure that they have the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your dentist's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of dental students, licensing, and conducting or arranging for other business activities. We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your dentist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, Public Health issues, Communicable diseases, Health oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ donation, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation.

Uses and Disclosures Requiring Your Written Authorization

Most uses and disclosures of your protected health information for purposes other than treatment, payment, or health care operations will be made only with your written authorization. For example, we will not use or disclose your health information for marketing purposes or sell your health information without your prior written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already taken action in reliance on the authorization.

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object unless required by law.

Your Health Information Rights

The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office. We are not required to grant the request, but we will comply with any request granted.
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office.
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request to our office.
- Appeal a denial of access to your protected health information, except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask us to amend information that: was not created by us (unless the person or entity that created the information is no longer available to make the amendment); is not part of the health information kept by or for the office; is not part of the information that you would be permitted to inspect or copy; or is accurate and complete.
- If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; or uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.
- You have the right to inspect and receive a copy of your protected health information that is maintained by our office within 30 days of receipt of your request. If there are

delays in our ability to provide the information to you within 30 days, you will be told the reason for the delay and the anticipated date your request can be fulfilled.

- Be notified following a breach of your unsecured protected health information. If a breach occurs that may have compromised the privacy or security of your information, we will notify you as required by law.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.

Our Responsibilities

Rome Dental & Implant Center is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you.
- Notify you if a breach occurs that may have compromised the privacy or security of your protected health information.
- Abide by the terms of this notice currently in effect.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice and make the new notice provisions effective for all protected health information that we maintain. You are entitled to receive a revised copy of the notice by calling our office, visiting our office, or requesting a copy by email.

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with our office or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against in any way for filing a complaint.

To file a complaint with our office, please contact:

Rome Dental & Implant Center

114 W Thomas St, Rome, NY 13440

Phone: (315) 533-5003

Email: romedentalpalace1@proton.me

Rome Dental & Implant Center
114 W Thomas St, Rome, NY 13440
Phone: (315) 533-5003
General Dentistry & Dental Implants

To file a complaint with the U.S. Department of Health and Human Services, you may write to:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Or call: 1-877-696-6775
Or visit: www.hhs.gov/ocr/privacy/hipaa/complaints

Contact Information

If you have any questions about this notice or would like further information about your privacy rights, please contact:

Rome Dental & Implant Center
114 W Thomas St, Rome, NY 13440
Phone: (315) 533-5003
Email: romedentalpalace1@proton.me