

## NOTICE OF PRIVACY PRACTICES

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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US** **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices our legal duties and your rights concerning your health 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. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain including health information we created or received before we made the changes. Before we make a significant change in our privacy practices we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our practices or for additional copies of this notice please contact us using the information listed at the end of this notice.

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### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you for treatment payment and healthcare operations. For example:

**TREATMENT:** We may use or disclose your health information to a physician or other health care provider providing treatment to you.

**PAYMENTS:** We may use and disclose your health information to obtain payment for services we provide to you.

**HEALTH CARE OPERATIONS:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities. Reviewing the competence or qualifications of health care professionals, evaluating practitioners and provider performance conducting training programs accreditation, certification, licensing, or credentialing activities.

**SUBSTANCE USE DISORDER (SUD) TREATMENT INFORMATION:** If your health information includes Substance Use Disorder (SUD) records protected under federal law (42 CFR Part 2) which governs the confidentiality of SUD patient records. We may use or disclose it for treatment, payment, and healthcare operations with your general consent, or only as specifically authorized by you with explicit consent, and it will not be used against you in legal proceedings without your consent or court order after notice. SUD records are subject to stricter confidentiality protections than other health information.

**YOUR AUTHORIZATION:** In addition to our use of your health information for treatment payment or health care operations you may give us written authorization to use your health information or to disclose it to anyone for any purpose if you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while in effect unless you give us a written authorization we cannot use or disclose your health information for any reason except those described in this notice.

**TO YOUR FAMILY AND FRIENDS:** We must disclose your health information to you as described in this patient rights section of this notice. We may disclose your health information to a family member, friend, or another person to the extent necessary to help with your health care or with payment for your healthcare, but only if you agree that we may do so.

**PERSONS INVOLVED IN CARE:** We may use or disclose health information to notify or assist in the notification of identifying or locating a family member, your personal representative, or another person responsible for the care of your location, your general condition, or death. If you are present then prior to the use or disclosure of your health information we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**MARKETING HEALTH-RELATED SERVICES:** We will not use your health information for marketing communications without your written authorization.

**REQUIRED BY LAW:** We may use or disclose your health information when we are required to do so by law.

**ABUSE OR NEGLECT:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**SPECIAL PROTECTIONS:** Some information, such as HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records

**PATIENT RIGHTS:**

**Right to Inspect and Copy:** You have the right to access and receive a copy of your health information, with limited exceptions.

**Right to Amend:** You may request that we amend your health information if you believe it is incorrect or incomplete

**Right to an Accounting of Disclosures:** You may request a list of certain disclosures we have made of your health information.

**Right to Request Restrictions:** You may request restrictions on certain uses or disclosures of your information. We are not required to agree to all requests.

**Right to Request Confidential Communications:** You may request that we communicate with you in a specific way (for example, at a different address or phone number).

**Right to a Paper Copy:** You have the right to receive a paper copy of this Notice at any time.

The office will notify patients if their information is breached.

If patient needs to file a complaint, this can be filed through the office or with DHHS.

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

**\*\* You may refuse to sign this acknowledgment \*\***

I, \_\_\_\_\_, did receive a copy of this office's Notice of Privacy Practices on \_\_\_\_\_.

**BELOW LINE FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but it could not be obtained because:

- ( ) Individual refused to sign
- ( ) Communications barriers prohibited obtaining the acknowledgment
- ( ) An emergency situation prevented us from obtaining
- ( ) Other (please specify)

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Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association.

This form is educational only, does not constitute legal advice, and covers only federal, not state law. **Effective Date:** Updated March 26th, 2026

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**Patient Signature**