



# Notice of Privacy Practices

## Aurora Dental Care – Seattle, Washington

**Effective Date:** 2/15/2026

**Last Revised:** 2/15/2026

This Notice of Privacy Practices describes how medical and dental information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Aurora Dental Care is committed to protecting your privacy and complying with all applicable federal and Washington State privacy laws.

---

## Our Legal Duties

Aurora Dental Care is required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you promptly if a breach occurs that may compromise the privacy or security of your information

---

## How We May Use and Disclose Your Health Information

We may use and disclose your protected health information **without your authorization** for the following purposes:

### Treatment

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

### Payment



We may use and disclose your PHI to bill and collect payment for dental services provided to you. This may include submitting claims to dental insurance carriers, communicating with billing services, or collecting payment from you directly.

## Health Care Operations

We may use your PHI for business operations necessary to run our practice, including quality improvement activities, staff training, accreditation, licensing, audits, and compliance with legal obligations.

---

## Other Permitted Uses and Disclosures

We may also use or disclose your health information as permitted or required by law, including:

- For public health activities
- For health oversight activities
- For workers' compensation purposes
- For law enforcement or legal proceedings
- To prevent or lessen a serious threat to health or safety

---

## Washington State Privacy Protections

In addition to HIPAA, **Washington State law provides additional protections** for your health information.

Aurora Dental Care complies with the **Washington Uniform Health Care Information Act (RCW 70.02)**, which governs the use and disclosure of health care information in Washington State. When Washington law provides greater privacy protections than federal HIPAA regulations, **we follow Washington State law**.

---

## Uses and Disclosures Requiring Written Authorization

We will **not** use or disclose your protected health information for:

- Marketing purposes
- Sale of your health information
- Any purpose not described in this Notice



...unless you provide written authorization. You may revoke your authorization at any time in writing, except to the extent we have already relied on it.

---

## **Your Rights Regarding Your Health Information**

You have the right to:

### **Access Your Records**

You may inspect or obtain copies of your dental and health records maintained by Aurora Dental Care.

### **Request an Amendment**

You may request corrections to your health information if you believe it is inaccurate or incomplete.

### **Request Restrictions**

You may request limits on how we use or disclose your PHI. While we will consider all requests, we are not required to agree to all restrictions.

### **Request Confidential Communications**

You may request that we communicate with you in a specific way or at a different location (for example, by phone instead of email).

### **Request an Accounting of Disclosures**

You may request a list of certain disclosures of your protected health information.

### **Receive a Paper Copy**

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

---

## **Changes to This Notice**



Aurora Dental Care reserves the right to change this Notice of Privacy Practices at any time. Any changes will apply to all protected health information we maintain. The most current version of this Notice will be available at our office and on our website.

---

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

- **Aurora Dental Care, or**
- **The U.S. Department of Health and Human Services**

You will **not** be penalized or retaliated against for filing a complaint.

---

## Contact Information

If you have questions about this Notice or wish to exercise your privacy rights, please contact:

**Aurora Dental Care**  
10314 Greenwood Ave. N.  
Seattle, WA 98133  
Phone: [\(206\) 729-0273](tel:(206)729-0273)  
[frontdesk@auroradds.com](mailto:frontdesk@auroradds.com)