

# NOTICE OF PRIVACY PRACTICES

**EFFECTIVE DATE: FEBRUARY 16, 2026**

*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.*

## **OUR LEGAL DUTY:**

### **We are required by law to:**

- Protect and maintain the privacy of your protected health information (PHI). Protected health information included information that identifies you and relates to your dental or health condition, treatment, or payment for services.
- Provide you with this notice of our privacy practices, legal duties and your rights concerning your medical information.

You may request a copy of this notice at any time and is it available in our office.

- Follow the terms of this notice currently in effect as of February 16, 2026 and remaining in effect unless we replace it.

We reserve the right to change, amend or revise the privacy practices and terms of this notice at any time, provided such changes are applicable by law. Any revised notice will be effective for all health information we maintain and a copy with a new effective date will be provided to you.

## **OUR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION**

**Treatment:** We may use or disclose your health information, without your prior approval, to provide, coordinate, or manage your dental care. For example, sharing information with specialists, labs, or other healthcare providers involved in your care.

**Payment:** We may use or disclose your health information to seek payment from your insurance plan or from you. For example: Submitting claims or responding to specific information requests to your dental or medical insurance plan.

**Health Care Operations:** We may use or disclose your health information, without your prior approval, for healthcare operations. For example, quality assessment and improvement activities, staff training, licensing, and administrative activities. We may disclose your medical information to another dental or medical provider or to your health plan subject to federal privacy protection laws, as long as they are using the information for one of the aforementioned health care operations.

**Public Health and Benefit Activities:** We may use and disclose your medical information, without prior approval, when required by law and when authorized by law for the following kinds of public health and public benefit activities:

- for public health, including to report disease and vital statistics, abuse, neglect or domestic violence
- to avert a serious and imminent threat to health or safety
- for healthcare oversight, such as activities of state insurance commissioners, licensing and peer review authorities and fraud prevention agencies

- for research
- in response to court and administrative orders and other lawful process
- to law enforcement officials with regard to crime victims and criminal activities
- to coroners, medical examiners, funeral directors and organ procurement organizations
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody
- as authorized by state worker's compensation laws.

### **Special Protections for SUD records:**

Substance Use Disorder (SUD) Treatment records have enhanced protections under federal law (42 CFR Part 2).

- We may not use or disclose SUD records for treatment, payment, or healthcare operations without your written consent, except as permitted by law.
- These records will not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order.
- If state or federal laws are more restrictive than HIPAA, those stricter laws will apply.

### **YOUR AUTHORIZATION**

You (or your legal personal representative) may give us written authorization to use your medical information or to disclose it to anyone for any purpose. Once you give us authorization to release your medical information, we cannot guarantee that the person to whom the information is provided will not disclose that information. You may revoke your written authorization at any time, except if we have already acted based on your authorization. Unless you give us authorization, we will not use or disclose your medical information for any purpose other than those described in this notice. We will obtain your authorization prior to using your medical information for marketing, fundraising, or commercial use. Once authorized, you may opt out of these communications at any time. Family, Friends and Other involved in your care or payment for care: We may disclose your medical information to family, friends or other person involved in your care or payment of your care. We will disclose the medical information that is relevant to the person's involvement. We may use or disclose your name, location and general condition to notify or assist an appropriate public or private agency to locate and notify, a person responsible for your care in certain situations, such as a medical emergency or during disaster relief efforts. We will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation, in which we will use your professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

Health Related Products and Services: We may use your medical information to communicate with you about health-related products, benefits, services, payment for those products and services and treatment alternatives.

Reminders: We may use or disclose medical information to send you reminders about your dental care via US Mail, email, text and telephone. It is the office policy to leave a message on any voicemail or answering machine to a number that you provide. If you prefer that we do not leave a message to confirm treatment or your appointments, please let us know in writing.

Plan Sponsors: If your dental insurance is through an employer's sponsored group dental plan, we may share summary health information with the plan sponsor.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the right to:

- Inspect and obtain a copy of your health records
- Request corrections to your health information
- Request restrictions on certain uses or disclosures
- Request confidential communications
- Receive a paper copy of this Notice at any time
- Be notified if your unsecured health information is breached

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Practice in question, or with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W. Washington, D.C. 20201, 1-800-368-1019 | [www.hhs.gov/ocr](http://www.hhs.gov/ocr)  
We will not retaliate against you for filing a complaint.