



TAKING FAMILY DENTAL CARE TO THE NEXT DEGREE

## NOTICE OF PRIVACY PRACTICES

Effective: February 13, 2026

### ***Your Information. Your Rights. Our Responsibilities.***

This Notice describes how medical information about you may be used and disclosed, and how you may access this information. Please review it carefully.

### **YOUR RIGHTS**

When it comes to your health information, you have the following rights:

#### **• Obtain a Copy of Your Medical Record**

- Request an electronic or paper copy of your medical record and other health information we maintain.
- We will provide a copy or summary within 30 days of your request.
- A reasonable, cost-based fee may apply.

#### **• Request Corrections to Your Medical Record**

- Ask us to correct information you believe is incorrect or incomplete.
- We may deny your request, but we will provide a written explanation within 60 days.

#### **• Request Confidential Communications**

- Ask us to contact you in a specific way (e.g., home phone, office phone).
- Request that we send mail to a different address.
- We will honor all reasonable requests.

#### **• Request Restrictions on Use or Disclosure**

- Ask us not to use or share certain information for treatment, payment, or operations.
- We are not required to agree if it would affect your care.
- If you pay in full out-of-pocket for a service, you may request that we not share that information with your health insurer. We will comply unless required by law.

#### **• Receive an Accounting of Disclosures**

- Request a list of disclosures made within the six (6) years prior to your request.
- The list will exclude disclosures related to treatment, payment, healthcare operations, and certain other permitted disclosures.
- One accounting per year is free; additional requests within 12 months may incur a fee.

#### **• Obtain a Copy of This Notice**

- Request a paper copy at any time, even if you agreed to receive it electronically.

#### **• Designate a Representative**

- Authorize someone with medical power of attorney or legal guardianship to act on your behalf.
- We will verify authority before allowing access.

#### **• File a Complaint**

- Contact us directly if you believe your privacy rights have been violated.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

**YOUR CHOICES**

For certain situations, you have the right to decide how your information is shared.

**You May Direct Us To:**

- Share information with family members, close friends, or others involved in your care.
- Share information during disaster relief efforts.

**We Will Never Share Your Information For:**

- Marketing purposes without your written authorization.
- Selling personal information.

If you are unable to communicate your preferences (e.g., unconscious), we may share information if it is in your best interest or necessary to reduce a serious and imminent threat to health or safety.

**OUR USES AND DISCLOSURES**

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

**• Treatment**

- Share information with healthcare professionals involved in your care.
- Example: A treating physician consults another provider regarding your condition.

**• Healthcare Operations**

- Manage our practice.
- Improve care and services.
- Contact you when necessary regarding treatment or services.

**• Billing and Payment**

- Share information with health plans or other entities for payment processing.
- Example: Providing necessary details to your insurance provider to obtain payment.

**ADDITIONAL PERMITTED OR REQUIRED DISCLOSURES**

We may share your information when required or permitted by law, including:

**• Public Health and Safety**

- Preventing disease
- Reporting adverse medication reactions
- Product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing serious health or safety threats

**• Research**

- For approved health research purposes.

**• Legal Compliance**

- When required by state or federal law.
- With the Department of Health and Human Services to verify HIPAA compliance.

**• Medical Examiners or Funeral Directors**

- When necessary after death.

**• Workers' Compensation and Government Requests**

- Workers' compensation claims
- Law enforcement purposes
- Health oversight activities
- Military, national security, or protective services functions

**• Lawsuits and Legal Proceedings**

- In response to court or administrative orders.
- In response to subpoenas.

**OUR RESPONSIBILITIES**

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI).
- Notify you promptly if a breach compromises your information.
- Follow the privacy practices described in this Notice.
- Provide you with a copy of this Notice.

We will not use or share your information beyond what is described here unless you provide written authorization. You may revoke that authorization at any time in writing.

**CHANGES TO THIS NOTICE**

We reserve the right to modify the terms of this Notice. Any changes will apply to all health information we maintain. Updated versions will be available:

- Upon request
- In our office
- On our website

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**For Questions or Complaints:**

Please contact our office directly using the contact information provided at the front desk or on our website.

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Patient Name

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Date

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Signature (patient/patient representative)