# NOTICE OF PRIVACY PRACTICES

**Effective Date: January 1, 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.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

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## TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations.

Examples of treatment uses and disclosures include setting up appointments; examining your teeth; prescribing medications and transmitting prescriptions; referring you to another doctor or clinic; or obtaining copies of your health information from other providers you have seen.

Examples of payment use include: asking about insurance coverage; submitting claims; billing; and collecting unpaid balances.

“Health care operations” include administrative and business functions necessary to run our office, such as quality assurance, audits, staff training, legal compliance, business planning, and record storage.

We routinely use your health information inside our office for these purposes without special permission. When disclosure outside our office is required for these purposes, we generally do not need your written authorization.

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## CARE COORDINATION AND ELECTRONIC HEALTH INFORMATION

We may use or disclose your protected health information (PHI) to coordinate your dental care with other healthcare providers, specialists, laboratories, or health plans involved in your treatment, as permitted by HIPAA.

Your information may be maintained and shared electronically through secure electronic health record systems, patient portals, or other approved electronic means to support treatment, payment, and healthcare operations.

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## USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In certain limited situations, the law allows or requires us to use or disclose your health information without your permission. These may include:

• when required by state or federal law
• public health reporting and FDA-related activities
• reports of suspected abuse, neglect, or domestic violence
• health oversight activities (licensing, audits, investigations)
• judicial or administrative proceedings
• law enforcement purposes
• disclosures to medical examiners, funeral directors, or organ donation organizations
• health-related research
• preventing a serious threat to health or safety
• specialized government functions
• disclosures of de-identified information
• workers' compensation programs
• disclosures of limited data sets
• incidental disclosures
• disclosures to business associates who agree to protect your information

Unless you object, we may also share relevant information with family members or friends involved in your care.

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## APPOINTMENT REMINDERS

We may contact you to remind you of appointments or notify you of treatment options. Unless you tell us otherwise, reminders may be mailed, left on voicemail, or communicated electronically.

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## OTHER USES AND DISCLOSURES

We will not use or disclose your health information for any purpose not listed above unless you sign a written authorization. You may revoke an authorization at any time in writing, unless we have already relied on it.

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## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

• request restrictions on uses or disclosures (we are not required to agree, but will honor agreed restrictions)
• request confidential communications, including electronic communication preferences
• inspect or obtain a copy of your health information, including electronic records
• request amendments to your health information
• receive an accounting of disclosures for the past six years (one free per year)
• obtain additional copies of this Notice at any time

We will respond to access requests as promptly as possible and no later than required by law. Records may be provided electronically when available. Reasonable, cost-based fees may apply.

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## MINIMUM NECESSARY AND SAFEGUARDS

When using or disclosing your protected health information, we make reasonable efforts to limit the information shared to the minimum necessary for the intended purpose, unless an exception applies.

We are required by law to protect the privacy and security of your health information. We use administrative, physical, and technical safeguards to prevent unauthorized access, use, or disclosure.

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## SUBSTANCE USE DISORDER (SUD) RECORDS

Some health information we maintain may relate to a patient’s substance use disorder (SUD), including information obtained through medical history, referrals, or coordination with other healthcare providers.

SUD-related records are protected under federal law, including HIPAA and applicable confidentiality regulations. Such information may be used or disclosed for treatment, payment, and healthcare operations as permitted by law, and in a manner consistent with enhanced privacy protections.

We will not use or disclose SUD-related information in ways that discriminate against a patient, including for purposes of denying treatment, benefits, employment, or housing.

Patients have the right to access their SUD-related records, request corrections, and receive information about how their records are used or disclosed, subject to applicable legal requirements.

Certain uses or disclosures of SUD-related information may require patient authorization, depending on the purpose and circumstances. When required, we will obtain appropriate authorization before releasing such information.

# OUR NOTICE OF PRIVACY PRACTICES

We must follow the terms of this Notice until it is replaced. We reserve the right to change this Notice as allowed by law. Any revised Notice will apply to both existing and future information and will be available in our office and on our website, if applicable.

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# COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

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# FOR MORE INFORMATION

For questions or concerns, contact:

Practice Name: _____Mountain View Dental_____
Privacy Officer: _____Tara Whittle_____
Phone: ____770-429-8989_____