

# Dental Arts of Wadsworth

## 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.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect **April 10, 2026**, and will remain in effect until we replace it.

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, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

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

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. 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.

- **Treatment:** We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.
- **Payment:** We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

- **Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities. We may also contact you by telephone, text message, email, or through Dental Intelligence for appointment reminders, treatment follow-up, or other health-related communications.
- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose your health information to your family or friends, or any other individual identified by you when they participate in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.
- **Disaster Relief:** We may use or disclose your health information to assist in disaster relief efforts.
- **Required by Law:** We may use or disclose your health information when we are required to do so by law.
- **Public Health Activities:** We may disclose your health information for public health activities, including disclosures to prevent or control disease, report abuse or neglect, report reactions to medications, notify individuals of product recalls, or notify individuals who may have been exposed to a disease or condition.
- **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose authorized federal officials' health information required for lawful intelligence, counterintelligence, and other national security activities.
- **Secretary of HHS:** We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.
- **Worker's Compensation:** We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- **Law Enforcement:** We may disclose your protected health information for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.
- **Health Oversight Activities:** We may disclose your protected health information to an oversight agency for activities authorized by law, including audits, investigations, inspections, and credentialing.
- **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or dispute, we may disclose your protected health information in response to a court or administrative order or lawful process.
- **Research:** We may disclose your protected health information to researchers when their research has been approved, and appropriate safeguards are in place.

- **Coroners, Medical Examiners, and Funeral Directors:** We may release your protected health information to a coroner or medical examiner as necessary.
- **Fundraising:** We may contact you to provide information about our sponsored activities. You may opt out of receiving these communications.

#### **OTHER USES AND DISCLOSURES OF PHI**

- Your authorization is required, with certain exceptions, for disclosure of psychotherapy notes, use or disclosure of protected health information for marketing, and for the sale of protected health information. You may revoke your authorization in writing at any time.

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

- You have the right to access, inspect, and obtain copies of your protected health information, request amendments, request restrictions, request confidential communications, receive an accounting of disclosures, and receive notification of a breach.

#### **QUESTIONS AND COMPLAINTS**

- If you have questions about this Notice or believe your privacy rights have been violated, you may contact us at the information listed above. You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.