



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 March 1, 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 at the end of this Notice,

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, claim 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.

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 healthcare 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 disclosure to: -Prevent or control disease, injury or disability -Report child abuse or neglect -Report reactions to medications or problems with products or devices -Notify a person of a recall, repair, or replacement of products, or devices -Notify a person who may have been exposed to a disease or condition -Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

NATIONAL SECURITY

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

SECRETARY OF HHS

We will disclose your health information to the Secretary of the US Department of Health Services when required to investigate or determine compliance with HIPAA.

WORKER'S COMPENSATION

We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to works's compensation or other similar programs established by law.

LAW ENFORCEMENT

We may discuss your PHI 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 PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

RESEARCH

We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS

We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to perform their duties.

SUD TREATMENT INFORMATION

If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CF Part 2 (a "part 2 program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in and civil, criminal, administrative or legislative proceedings by any Federal, State, or local authority against you unless authorized by your consent or the order of a court after it provides you notice of the court order.

OTHER USES AND DISCLOSURES OF PHI

Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or discussing our PHI for purposes other than those provided for in the Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing our PHI, except to the extent that we have already acted in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHTS

You have the right to look at or get copies of your health information. You must make the request in writing. A fee may apply if you request paper copies.

You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written [request](#).

You may, in writing, request that we communicate with you about your health information by alternative means or at an alternative location.

You have the right to request that we amend your health information. It must be made in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances which we will explain to you in writing.

You will receive notifications of breaches of your unsecured protected health information as required by law.

If you are concerned that we may have violated your privacy rights, you may bring your concerns to us, or you can submit a written complaint to the US Department of Health and Human Services. We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint

I have received and understand the Privacy Practices of Valantine Family Dentistry

Name: _____

Date: _____

