

ANN ARBOR'S DENTIST

HIPPA NOTIFICATION OF PRIVACY PRATICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**EFFECTIVE DATE: JUNE 3RD
2026**

Our Responsibilities

We are required by law to:

- **Maintain the privacy and security of your protected health information.**
- **Provide you with this Notice of our legal duties and privacy practices.**
- **Notify you if a breach occurs that may compromise the privacy or security of your information.**
- **Follow the terms of the Notice currently in effect.**

We reserve the right to change our privacy practices and the terms of this Notice at any time. Any revised Notice will apply to all protected health information we maintain, create, and or receive as of the date the changes were made. A current copy of our Notice will be available in our office and on our website.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

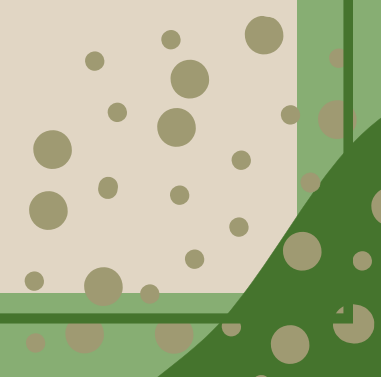
We may use and disclose your health information to provide, coordinate, and manage your dental treatment. For example, we may share information with specialists, laboratories, pharmacies, or other healthcare providers involved in your care. We have established "minimum necessary" or "need to know" standards that limit various staff members' access to your health information according to their primary job functions.

Payment

We may use and disclose your health information to obtain payment for services provided. This may include submitting claims to dental insurance companies, benefit plans, or other third-party businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergency Situations

We may use or disclose your protected health information when necessary to notify or assist in notifying a family member, personal representative, caregiver, or another person responsible for your care regarding your location, condition, or death. If you are unable to agree or object to such disclosure, we may use our professional judgment to determine whether the disclosure is in your best interest. We may also disclose limited information to permit a family member or other responsible person to pick up prescriptions, dental appliances, X-rays, or other items related to your care.



HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Disclosure

We may disclose and/or share your healthcare information with other healthcare professionals who provide treatment and/or services to you. These professionals will have a privacy and confidentiality policy like this one. Health Care Information may be disclosed to friends, family, or other individuals directly involved in your care, only if you expressly agree that we may do so. This may require a signed agreement depending on the circumstances.

Healthcare Operations

We may use and disclose your information for activities necessary to operate our practice, including quality assessment, staff training, licensing, accreditation, auditing, and business management functions.

Appointment Reminders and Treatment Information

We may use and disclose your health information to contact you regarding appointment reminders, treatment recommendations, recall notices, follow-up care, treatment alternatives, and other health-related benefits and services that may be of interest to you.

Communications may be made by telephone, voicemail, text message, email, postcard, or letter.

As Required by Law

We may disclose your health information when required by federal, state, or local law, court order, subpoena, public health reporting requirements, or other legal processes.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Marketing

We will not use or disclose your protected health information for marketing purposes without your written authorization, except as otherwise permitted by law. You may revoke any authorization at any time in writing.

Public Health Activities

We may disclose your health information for public health activities, including, but not limited to:

- Reporting diseases, injuries, and vital statistics;
 - Reporting reactions to medications or adverse events;
 - Product recalls;
 - Preventing or controlling disease, injury, or disability;
- Reporting suspected abuse or neglect when required by law.

Abuse, Neglect, or Domestic Violence

We may disclose your health information to appropriate government authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence, or other crimes, as permitted or required by law.

National Security and Specialized Government Functions

We may disclose health information of members of the Armed Forces, veterans, federal officials, inmates, or other individuals as required for lawful military, national security, intelligence, protective services, correctional institution, or law enforcement purposes as authorized by law.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Additional Protection for Substance Use Disorder Records

Certain records relating to substance use disorder treatment may be protected under federal law (42 CFR Part 2). Where applicable, these records may not be used or disclosed without the patient's written authorization except as specifically permitted or required by law.

Subject to applicable legal requirements, records protected by 42 CFR Part 2 generally may not be used in civil, criminal, administrative, or legislative proceedings against a patient without the patient's written consent or a court order and subpoena as required by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Inspect and obtain copies of your health records, subject to applicable legal exceptions and fees.
- Request an amendment to your health information if you believe it is inaccurate or incomplete.
- Request an accounting of certain disclosures of your health information.
- Request restrictions on certain uses and disclosures of your information.
- Request confidential communications by alternative means or at alternative locations.
- Receive a paper copy of this Notice of Privacy Practices upon request, even if you previously agreed to receive it electronically.
- Receive notification in the event of a breach of your unsecured protected health information.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Ann Arbor's Dentist by contacting our Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

You will not be retaliated against for filing a complaint.

Privacy Officer: Jessica Dobracki



734-747-6400



frontdesk@annarborsdentist.com