

# Notice of Privacy Practices

## How We Protect Your Information and Your Privacy

THIS NOTICE DESCRIBES HOW YOUR HEALTH (MEDICAL) INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY.

\*\* For patients that are under the age of 18, your parent or guardian must sign for you.

### **Our Pledge To You Regarding Your Information:**

We take our patients' privacy and security very seriously. We are committed to protecting you and all information about you. We create a record of your care and the treatment that you receive at our practice. This notice applies to all of the records that are generated and maintained by our practice.

This notice tells you the ways that we may use and disclose your medical information. **Please understand that the medical information we disclose may be subject to redisclosure by the recipient and may no longer be protected under the Health Insurance Portability and Accountability Act.** We may share your information to carry out treatment, payment and our healthcare operations and may also use your information as required by law.

Protected Health Information is also known as PHI and includes your name and other identifiers including any information that you may provide to us to assist with your treatment and care. We have implemented and maintain physical, electronic and procedural safeguards to protect the handling and maintenance of our patients' medical records and information.

### **How We May Use Your Information:**

Your PHI is used or shared for treatment, payment and healthcare operations.

**Treatment:** We may use or share your PHI, without your authorization or approval, to another dentist or healthcare provider that is providing you treatment for the purpose of evaluating your health, diagnosing medical conditions or providing treatment. As an example, we may share your health information may be disclosed to an oral surgeon to determine if surgical intervention is required. We may also use secure **AI-based Clinical Tools** to assist in treatment planning, diagnostic support or documentation improvement. These tools operate under our supervision and comply with our Business Associates' contractual requirements.

**Payment:** We may use or share your PHI, without your authorization or approval to make decision on payment. This includes filing claims, approvals for treatment and decisions about medical necessity. As an example, we may share your health information with your benefit provider that may request information on dates that you received services in order to process your claim properly.

**Healthcare Operations:** We may use or share your PHI, without your authorization or approval for healthcare operations. This may include:

- Quality assessment and improvement.
- Reviewing and evaluating team member or provider performance, qualifications, training, credentialing and licensing activities.
- Legal services for fraud and abuse detection and prevention.
- Actions to obey federal and state laws
- Addressing complaints and grievances.

We may use or share your information with another dental or medical provider or to your health plan or benefit provider subject to federal and state privacy protection laws, if the provider has or plans to have a relationship with you. As an example, we may share your health information with our team to review the treatment and services that may be offered to you. We also may use and share your information as need to arrange for legal services, auditing or other function.

In addition to treatment payment and healthcare operations, the law allows and requires that we may use or share your PHI without your authorization or approval for the following purposes.

**Business Associates:** We may use or share your information without your authorization or approval, with other companies (Business Associates) that perform functions, services and activities for and on behalf of our practice. As an example, we may send reminders about your appointment through text messages. Our Business Associates are required in accordance with their contracts and by federal and state laws to protect the privacy of our information including your PHI and are not allowed to disclose or use that information for any other reason than to provide our practices with the services we have contracted them to provide.

**Office Communications:** By providing your email address and telephone number to us, you agree that you may receive appointment reminders via email or text. It is the policy of our office to leave a message on any voicemail or answering machine that may be attached to a number that you provide (home, cell or work). You can opt out of these contact methods by contacting our office.

**Required by Law:** We may use or share your information without your authorization or approval, when required by federal and state laws. As an example, we may be required to share your information for an upcoming court case or legal review or for law enforcement purposes. We may be asked to provide this information in response to a court order. Law enforcement may ask for our assistance to find a missing person or to use our records to identify a deceased individual.

**Public Health:** We may use or share your information without your authorization or approval for public health activities. As an example, we may be required to share your information to prevent or control diseases or to prevent a serious threat to the health and safety of a person or the public.

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**Family, Friends and Caregivers:** We may use or share your information without your authorization or approval if the information pertains to your care and treatment. As an example, we may share information with a family member or caregiver post treatment instructions for at home care.

**Domestic Violence:** We may use or share your information without your authorization or approval if we believe that the person is a victim of abuse, neglect, human trafficking, or domestic violence.

**Workers Compensation:** We may use or share your information without your authorization or approval in accordance with Worker's Compensation Laws.

**Other Use or Disclosure Restrictions:** Some federal and state laws require special or additional protections that restrict the use and disclosure of certain health information, including "highly confidential" information that our practice may create or maintain. **We will follow the stricter laws where it applies.** "Highly Confidential Information" may include information under Federal Laws governing 1)HIV/AIDS 2) Mental Health 3)Alcohol and drug abuse 4)Sexually transmitted disease and reproductive health 5) Abuse and neglect including sexual assault.

**Substance Use Disorder (SUD):** Our practice is not a substance use disorder treatment program under federal law, however we may receive information that is considered SUD information either from you as the patient or from a SUD program. We will not release SUD information about you for use against you unless we have your written permission. We may ask that you provide written authorization in order to release your records.

**We will never share your information for:**

- Marketing purposes
- Fundraising purposes
- Sale your information

**Your Rights:**

**Request a copy of your record:** You may request a copy of your records and other health information that our practice maintains. We strive to provide this information as quickly as possible to you. We may charge a reasonable fee to cover duplication costs.

**Ask us to correct your record:** You may ask us to correct your health record if you believe that the information is incorrect or incomplete. We cannot make a change to the record as our software will not allow us to make changes, but we will certainly make an entry of your desired changes.

**Request confidential communications:** You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

**Restrictions of Uses:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. **MINORS:** In the case of a minor child where the parents are divorced, we will request a copy of the divorce decree and we will abide by that order. Information may be provided in accordance with that decree. We may or may not advise the other parent that a request for information has been made.

**Receive an Accounting of PHI Disclosures (Sharing of Your PHI):** You may ask for an accounting of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows: • for treatment, payment or health care operations; • to persons about their own PHI; • sharing done with your authorization; • incident to a use or disclosure otherwise permitted or required under applicable law; • PHI released in the interest of national security or for intelligence purposes; or • as part of a limited data set in accordance with applicable law.

**Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

**File a complaint if you feel your rights are violated:**

You may complain if you feel we have violated your rights by contacting Dr. Ference or by contacting the Office of Civil Rights at [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**Your Choices:** In certain situations, or conditions, you can tell us your choices about what we can share. If you have a clear preference for how we share your information in the situations described below, please advise how we can follow your instructions.

- Share information with family or close friends involved in your care.
- Share information in a disaster relief situation

**If you are not able to tell us your preference or in the event of an emergency, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.**

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**If you have any questions regarding this notice, please contact our Privacy and Security Officer:**

Dr. Lisa Ference

973-779-2819

[dr.ference@clifftontentalarts.com](mailto:dr.ference@clifftontentalarts.com)

**Effective: February 16, 2026**