

NOTICE OF PRIVACY PRACTICES

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 at Colorado Dental Spa are committed to protecting the privacy of your protected health information (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices (NPP) describes how we may use and disclose your PHI to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

We are required by law to:

- Maintain the privacy of your PHI;
- Provide you with this notice of our legal duties and privacy practices with respect to PHI;
- Abide by the terms of the NPP currently in effect; and
- Notify you following a breach of unsecured PHI.

We reserve the right to change the terms of this NPP and to make the new notice provisions effective for all PHI that we maintain. We will post a revised NPP in our office and on our website (if applicable), and you may request a copy at any time.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used and disclosed by our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of our practice.

The following are examples of the types of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we may disclose your PHI to a specialist to whom we refer you for additional care.

Payment: Your PHI will be used and disclosed, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a dental procedure may require that your relevant PHI be disclosed to the health plan to obtain approval for the procedure.

Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your dentist. We may also call you by name in the waiting room when your dentist is ready to see you.

We may use or disclose your PHI in the following situations without your authorization or opportunity to agree or object:

- As required by law (e.g., public health activities, health oversight, legal proceedings, etc.);
- For public health purposes (e.g., reporting abuse or neglect, preventing threats to health or safety);
- For health oversight activities (e.g., audits, investigations);
- In lawsuits and disputes (with a subpoena or court order);
- To law enforcement (under certain conditions);
- To coroners, medical examiners, and funeral directors;
- For organ donation purposes;
- For research purposes (under certain conditions);
- To avert a serious threat to health or safety;
- For specialized government functions (e.g., military, national security); and
- For workers' compensation.

Marketing and Fundraising: We may use your PHI to contact you about treatment alternatives or other health-related benefits and services that may be of interest to you, such as promotions for dental whitening or other services we offer. You have the right to opt out of receiving such communications. We may also use limited PHI for fundraising activities, but you have the right to opt out.

Substance Use Disorder (SUD) Records: If we create, receive, or maintain records related to substance use disorder that are protected under federal law (42 CFR Part 2), these records receive additional protections beyond standard HIPAA rules. We will not use or disclose such SUD records without your written consent, except as specifically permitted by 42 CFR Part 2 (e.g., for medical emergencies, research under certain conditions, audits, or court-ordered disclosures after notice and opportunity to be heard). SUD records disclosed with your consent for treatment, payment, or health care operations may be further disclosed by recipients without additional consent, to the extent permitted by HIPAA. You may revoke your consent at any time, except to the extent we have already relied on it. Records or testimony about SUD records shall not be used in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent or a court order. If we do not typically maintain SUD records, we will not document or store such information unless necessary for your care, and any such information will be protected accordingly.

Other Permitted and Required Uses and Disclosures: Any other use or disclosure of your PHI will be made only with your written authorization. You may revoke this authorization in writing at any time, except to the extent that we have taken action in reliance on the authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding PHI we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes. To inspect and copy PHI, you must submit your request in writing. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request in certain limited circumstances.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. We may deny your request under certain circumstances.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your PHI for purposes other than treatment, payment, health care operations, and certain other activities, for the last six years (or shorter period if applicable). To request this list, you must submit your request in writing. Your request must state a time period, which may not be longer than six years. The first list you request within a 12-month period will be free; additional lists may incur a fee.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request, except in cases where you pay out-of-pocket in full for a service and request that we not disclose PHI related solely to that service to your health plan. To request restrictions, you must make your request in writing.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request and will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy at any time.

Right to Electronic Copy: If we maintain your PHI in an electronic health record, you have the right to obtain an electronic copy of such information.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the revised notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of the current notice in our office with the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer at the address above. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(877) 696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

This NPP complies with federal HIPAA requirements and has been updated to align with changes effective February 16, 2026, including protections for substance use disorder records under 42 CFR Part 2 where applicable.

If you have questions, please contact our Privacy Officer:

Dr. Marcus Hoang
Colorado Dental Spa
727 Simms. St Suite E
Golden, CO 80401
303-232-3636
office@coloradodentalspa.com

This notice is effective February 1, 2026