



## Notice of Privacy Practices

### Practice Information

|               |                                         |
|---------------|-----------------------------------------|
| Practice Name | Dudley Smiles                           |
| Address       | 5655 221st Place SE, Issaquah, WA 98027 |

**Effective Date:** February 4<sup>th</sup>, 2026

#### Our Commitment to Your Privacy

Our dental practice is committed to protecting the privacy and confidentiality of your protected health information (PHI). We are required by law to maintain the privacy of your PHI, to provide you with this Notice of Privacy Practices, and to follow the terms of this Notice currently in effect.

This Notice explains how we may use and disclose your PHI, your rights regarding your PHI, our legal duties, and whom to contact for additional information or to file a complaint.

#### What Is Protected Health Information (PHI)

Protected Health Information (PHI) is individually identifiable health information that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for that care. PHI may be created, received, maintained, or transmitted in any form, including electronic, paper, or oral communications.

#### Examples of PHI include, but are not limited to:

- Your name, address, phone number, email address, and date of birth
- Dental and medical histories
- Diagnostic images, X-rays, charts, and clinical notes
- Treatment plans and progress notes
- Insurance and billing information
- Appointment and scheduling records

#### How We May Use and Disclose Your PHI Without Your Authorization

Federal privacy laws allow us to use and disclose your PHI without your written authorization for certain purposes, including treatment, payment, and health care operations ("TPO").

##### 1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your dental care. This includes sharing information with other health care providers, specialists, laboratories, pharmacies, or other entities involved in your treatment.

##### 2. Payment

We may use and disclose your PHI to obtain payment for services provided to you. This may include billing insurance companies, processing claims, determining eligibility or coverage, and collecting copayments or balances.

##### 3. Health Care Operations

We may use and disclose your PHI for activities necessary to operate our practice. These activities may include quality assessment and improvement, staff training, accreditation, licensing, compliance reviews, audits, business planning, and administrative functions.

## Notice of Privacy Practices Continued

### Other Permitted or Required Uses and Disclosures

We may also use or disclose your PHI without your authorization in the following circumstances, as permitted or required by law:

- To comply with federal, state, or local laws
- For public health activities (e.g., disease prevention, reporting adverse events)
- For health oversight activities (e.g., audits, investigations, inspections)
- In response to court orders, subpoenas, or lawful processes
- For law enforcement purposes, as required by law
- To avert a serious threat to health or safety
- For workers' compensation or similar programs

### Special Protections for Certain Records (Including Substance Use Disorder Records)

Some health information may be subject to additional protections under federal or state law, including records related to substance use disorder (SUD) treatment governed by 42 CFR Part 2.

#### When applicable:

- Such records may not be used or disclosed without your written consent, except as specifically permitted or required by law
- Redisclosure of this information may be prohibited
- These records generally may not be used in civil, criminal, administrative, or legislative proceedings without specific authorization or a court order

If your information is subject to these additional protections, we will comply with all applicable requirements.

### Redisclosure of Information

Information disclosed pursuant to this Notice may be subject to redisclosure by the recipient and may no longer be protected by HIPAA. However, certain information, including substance use disorder records, may remain protected from redisclosure under other applicable laws.

### Uses and Disclosures Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice, including:

- Marketing activities not otherwise permitted by law
- Sale of PHI
- Certain disclosures of psychotherapy notes, if applicable

You may revoke an authorization at any time in writing, except to the extent that action has already been taken in reliance on it.

### Your Rights Regarding Your PHI

You have the following rights regarding your PHI:

#### Right to Access

You have the right to inspect and obtain a copy of your PHI, with limited exceptions. Requests must be submitted in writing. We will respond within the timeframe required by law and may charge a reasonable, cost-based fee.

#### Right to Request Amendment

If you believe your PHI is incorrect or incomplete, you may request an amendment. We may deny your request under certain circumstances, in which case you may submit a written statement of disagreement.

#### Right to Request Restrictions

You may request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree to all requests, except as required by law.

## Notice of Privacy Practices Continued

**Right to Confidential Communications**

You may request that we communicate with you in a specific manner or at a specific location (for example, at an alternate phone number or address).

**Right to an Accounting of Disclosures**

You may request a list of certain disclosures of your PHI made by us, as permitted by law.

**Right to a Paper Copy**

You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive it electronically.

**Our Legal Duties**

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice explaining our legal duties and privacy practices
- Notify you following a breach of unsecured PHI, as required by law

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with:

- Our practice, using the contact information listed above, or
- The U.S. Department of Health and Human Services, Office for Civil Rights

We will not retaliate against you for filing a complaint.

**Changes to This Notice**

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all PHI we maintain. Updated Notices will be available upon request and posted in our office and on our website, if applicable.