

EXCELSIOR FAMILY DENTAL

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.

Effective Date: February 16, 2026

OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy of protected health information ("PHI");
- Provide individuals with notice of our legal duties and privacy practices with respect to PHI;
- Notify affected individuals following a breach of unsecured PHI; and
- Follow the terms of this Notice currently in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by applicable law, and to make the new Notice provisions effective for all PHI we maintain, including information created or received before the changes are made.

When we make a material change to this Notice, we will post the revised Notice clearly and prominently in our office and on our website (if applicable), and copies will be available upon request.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your PHI for the following purposes:

Treatment

We may use and disclose your health information for your treatment.

Example: We may share your information with a specialist or laboratory involved in your care or transmit radiographs electronically for treatment planning.

Payment

We may use and disclose your health information to obtain reimbursement for services provided to you.

This may include billing, claims management, eligibility verification, and collections.

Healthcare Operations

We may use and disclose your health information for healthcare operations, including:

- Quality assessment and improvement
- Staff training

- Licensing and accreditation
 - Business planning and administrative activities
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OTHER PERMITTED OR REQUIRED DISCLOSURES

We may disclose your PHI without your authorization in the following situations:

- To individuals involved in your care or payment for care, unless you object
 - To your personal representative
 - For disaster relief efforts
 - As required by law
 - For public health activities
 - For health oversight activities
 - For judicial or administrative proceedings when permitted
 - For law enforcement purposes when permitted
 - To avert a serious and imminent threat
 - For worker's compensation
 - For national security and correctional institution purposes
 - To coroners, medical examiners, and funeral directors
 - For research when legally approved
 - To the Secretary of the U.S. Department of Health and Human Services for compliance investigations
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SPECIAL PROTECTIONS FOR CERTAIN RECORDS

Certain information, including HIV-related information, genetic information, mental health records, and substance use disorder (SUD) treatment records, may be entitled to special confidentiality protections under applicable state or federal law. When more stringent laws apply, we will comply with those laws.

SUBSTANCE USE DISORDER (SUD) RECORDS

(42 CFR Part 2)

Although this dental practice does not operate a substance use disorder treatment program, we may receive records from programs that are subject to 42 CFR Part 2.

If we create, receive, or maintain SUD treatment records protected under 42 CFR Part 2:

Greater Protections Apply

These records are subject to stricter confidentiality protections than other medical records. In most circumstances, SUD records may not be used or disclosed for treatment, payment, or healthcare operations without your written consent, unless otherwise permitted by law.

Restriction on Legal Proceedings

Substance use disorder treatment records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent or a court order issued after notice and an opportunity to be heard, as required under 42 CFR Part 2.

A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Fundraising and SUD Records

If we maintain records subject to 42 CFR Part 2, such records will not be used or disclosed for fundraising unless you are first provided a clear and conspicuous opportunity to opt out.

FUNDRAISING

We may contact you regarding fundraising activities for the benefit of our practice. You have the right to opt out of receiving fundraising communications by contacting our office.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Your written authorization is required for:

- Disclosure of psychotherapy notes
- Marketing communications
- Sale of PHI
- Uses or disclosures not described in this Notice

You may revoke your authorization in writing at any time. Revocation will not affect disclosures already made.

REDISCLASURE NOTICE

Information disclosed by us pursuant to HIPAA may be subject to redisclosure by the recipient and may no longer be protected by HIPAA. However, substance use disorder records disclosed under 42 CFR Part 2 remain subject to federal restrictions on redisclosure.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

Access

Inspect and obtain a copy of your PHI (reasonable cost-based fees may apply).

Accounting of Disclosures

Receive an accounting of certain disclosures of your PHI.

Request Restrictions

Request restrictions on uses or disclosures of your PHI.

We are not required to agree, except when you have paid in full out-of-pocket and request that we not disclose that information to your health plan.

Confidential Communications

Request communications by alternative means or at alternative locations.

Amendment

Request correction of inaccurate or incomplete information.

Breach Notification

Receive notification if your unsecured PHI is breached.

Paper Copy

Receive a paper copy of this Notice at any time.

QUESTIONS AND COMPLAINTS

If you have questions or concerns, please contact:

Kareena Hagenstein

Telephone: (952) 474-6515

Fax: (952) 474-1206

Address: 348 2nd Street, Suite 200

Excelsior, MN

Email: admin1@excelsiorfamilydental.com

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

NONDISCRIMINATION AND ACCESSIBILITY

We comply with applicable federal nondiscrimination laws. If you need this Notice in another language or format, please contact our office.