

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.

Effective Date: February 16, 2026

Our Commitment to Your Privacy

Dove Dental is committed to protecting the privacy of your health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information (“PHI”) and explains your legal rights regarding that information.

PHI includes information that identifies you and relates to your past, present, or future physical or mental health condition, the health care services provided to you, or payment for those services.

How We May Use and Disclose Your Health Information

1. Treatment-We may use and disclose your health information to provide, coordinate, or manage your dental care. This includes sharing information with other health care providers involved in your treatment.

2. Payment-We may use and disclose your health information to obtain payment for services provided to you. This may include disclosures to insurance companies, billing services, or collection agencies.

3. Health Care Operations-We may use and disclose your health information for practice operations, such as quality assessment, staff training, licensing, audits, and administrative activities.

Substance Use Disorder (SUD) Records — Special Privacy Protections

In some situations, we may receive or maintain **substance use disorder (SUD) treatment records** that are subject to **additional federal confidentiality protections under 42 CFR Part 2.**

When applicable:

- SUD records are afforded **heightened privacy protections** beyond standard HIPAA rules.
- These records may be used or disclosed for treatment, payment, and health care operations **only as permitted by law.**
- SUD records **will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you** without your written consent or a court order issued after notice to you.
- Redisclosure of SUD records may be restricted even when other health information may be shared.

We comply with all applicable federal and state laws that provide greater privacy protections for SUD and other sensitive health information.

Other Permitted or Required Uses and Disclosures

We may use or disclose your health information without your authorization in certain circumstances, including:

- **As required by law**
- **Public health activities**
- **Health oversight activities**
- **Abuse, neglect, or domestic violence reporting**
- **Judicial and administrative proceedings**
- **Law enforcement purposes**
- **To avert a serious threat to health or safety**
- **Workers' compensation claim**

Any other use or disclosure not described in this Notice will be made only with your written authorization, which you may revoke at any time in writing.

Your Rights Regarding Your Health Information: You have the right to:

- **Access Your Records-**You may request to inspect or obtain a copy of your health information.
- **Request Corrections-**You may request an amendment if you believe information in your record is incorrect or incomplete.
- **Request Restrictions-**You may ask us to restrict certain uses or disclosures of your health information. While we are not required to agree to all requests, we will comply when required by law.
- **Request Confidential Communications-**You may request that we communicate with you in a specific way or at a specific location.
- **Receive an Accounting of Disclosures-**You may request a list of certain disclosures we have made of your health information.
- **Obtain a Paper Copy of This Notice-**You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- **File a Complaint-**If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Our Responsibilities- We are required by law to:

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

Changes to This Notice: We reserve the right to change this Notice and make the revised Notice effective for all health information we maintain. Any updated Notice will be available upon request and posted in our office and on our website, if applicable.

Contact Information-If you have questions about this Notice or wish to exercise your privacy rights, please contact:

Privacy Officer: Dr. Jaspreet Singh Ghuman

Practice Name: Dove Dental

Address: 3315 Sherwood Way, Unit #117, San Angelo, TX-76901

Phone: 325-716-1555

Patient Name: _____

Signature: _____

Date: April 28, 2026

Relationship to patient: _____