

Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW THE INFORMATION YOU PROVIDE MAY BE USED AND DISCLOSED. YOU HAVE THE RIGHT TO ACCESS THIS INFORMATION AT ANYTIME. PLEASE REVIEW IT CAREFULLY.

Our Responsibilities Uses and Disclosures

We are required by law to provide you a copy of this notice and to maintain the privacy and security of your protected health information. We use all information about you to manage treatment, payment and our business operations.

We are required, by law, to share your information if it contributes to public good, such as public health and research. This includes:

Communicable Diseases - Preventing or reducing a serious threat to anyone's health or safety
Product Recall

Reporting adverse reactions to medications

Reporting suspected abuse, neglect, or domestic violence

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Your Rights Regarding the Information

This section explains your rights and our responsibilities to assist you. Minimum necessary information will be used for treatment, payment and operations.

Request a Copy of Your Records.

You can request to review or obtain an electronic or paper copy of your records.

When transferring information to another dental office we only send current x-rays (bitewing x-rays, full mouth & pan) within the last 5 yrs and treatment dates for prophylaxis (cleanings) and exams. Additional information such as Treatment plan, Scans or Models, All billing records must be specifically requested

We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

Right to Access/Request Amendments

You can request us to correct, personal, health or billing information that is inaccurate, incomplete or requires updating.

Depending on the request we have the right to deny this request, an explanation will be provided in writing within 60 days.

Right to Request Confidential Communications:

You have the right to tell us how you wish to be contacted by the office. Reasonable requests include home phone or cell phone, email, text, or mail.

Right to Request Restrictions

You have the right to request restrictions as to whom we can share your information regarding treatment, payment and operations.

We reserve the right to deny certain requests. We have the right to contact any dentist or doctor that is involved in your healthcare if we feel the information they have will provide more effective treatment. We are not allowed to access psychotherapy notes, and we are also in compliance with the new HIPAA requirement related to substance use disorders and Reproductive Rights.

Important Additional Protections and Notices

Some uses and disclosures are restricted or have additional requirements under federal law. Some information-such as HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records-may be entitled to special confidentiality protections under applicable state or federal law. We will comply with those protections when they apply.

Substance use disorder (SUD) treatment information from Part 2 programs

We may receive records related to federally assisted SUD diagnosis, treatment, or referral for treatment that are protected by 42 CFR Part 2 ("Part 2") from other providers as part of your medical history or coordination of care. When we receive Part 2-protected records, we will handle them in accordance with applicable law and any written consent under which they were disclosed to us.

If we receive Part 2-protected records under a consent that permits use and disclosure for treatment, payment, and health care operations, we may use and disclose the information for those purposes consistent with that consent and applicable law. If we receive the information under a consent that limits use or disclosure to specific purposes or recipients, we will follow those limits.

In no event will we use or disclose Part 2-protected records we receive from a Part 2 program, or testimony that describes the information contained in those records, in any civil, criminal, administrative, or legislative proceeding by any Federal, State, or local authority against you, unless authorized by your written consent or by an order of a court after it provides you notice. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure, and any disclosure is limited to what the court authorizes.

We are required to follow State Laws regarding all subject matter.

Out of Pocket Payment

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurance.

Right to an Accounting of Disclosures

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Breach Notification:

In the event a breach or cyberattack to our information occurs, We have 60 days to notify you of the situation and outcome.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

Who can we share your information with:

For certain health information, we will need your authorization to share and release with another person. This includes who we can share treatment and payment, your in case of emergency contact, caretaker, and age of consent

Please provide the names and contact information of the person(s) that you have selected, You have the right to revoke the names as well.

You have both the right and choice to tell us to:

Share treatment information with your family, close friends, or others involved in your care

Share billing information with your family, close friends, or others involved in your care

Whom we can contact in the event of an emergency

Power of Attorney and Guardianship

If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

In the event of an emergency where you can't share or you are unconscious, we reserve the right to share your information with whom we believe will act in your best interest.

We may also share your information when needed to lessen a serious and imminent threat to health or safety. We reserve the right to reach out to POA, Next of Kin, or Personal Representative

Information that requires your authorization:

Marketing purposes

Sales of your information – this does not include the sharing with our Business Associates such as IT person, Software Providers

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Comply with the law**Respond to lawsuits and legal actions****We can share health information about you in response to a court or administrative order, or in response to a subpoena.**

We will share information about you if state or federal laws require it, this includes Department of Health and Human Services

Respond to organ and tissue donation

We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

For workers' compensation claims

For law enforcement purposes or with a law enforcement official

With health oversight agencies for activities authorized by law

For special government functions such as military, national security, and presidential protective services

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting our Privacy Officer (see Contact Information below).

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Contact Information

Privacy Officer/Contact: Christine Goddard
Phone: 413-567-1333
Address: 904 Shaker Rd Longmeadow MA 01106
Email: frontdesk@optimalsmiles.com

Effective date: February 16, 2026 (or later if revised/issued later)

I acknowledge the receipt of a copy of the currently effective Notice of Privacy Practices for this healthcare facility.