NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

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.

OUR LEGAL DUTIES

We are required by federal and state law to maintain the privacy and security of your protected health information (PHI). We must provide you with this Notice of Privacy Practices describing our legal duties, privacy practices, and your rights regarding your health information.

We are required to follow the terms of this notice while it is in effect. We reserve the right to change our privacy practices and the terms of this notice at any time, as permitted by law. Any changes will apply to all PHI we maintain, including information created or received before the changes. If we make a material change to this notice, we will update it and make the revised notice available upon request and in our office. You may request a copy of this notice at any time.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment. We may use or disclose your health information to dentists, physicians, or other healthcare providers involved in your care. For Payment. We may use and disclose your health information to obtain payment for services provided to you, including billing insurance companies or other third parties. For Health Care Operations. We may use and disclose your health information for our healthcare operations, which include quality assessment, staff training, credentialing, accreditation, licensing, and business management activities. Appointment Reminders and Communication. We may use or disclose your health information to contact you regarding appointments, treatment reminders, or other health-related benefits or services. Marketing,we will not use or disclose your health information for marketing purposes without your written authorization, except as permitted by law. Required by Law, we may use or disclose your health information when required to do so by federal, state, or local law. Abuse, Neglect, or Safety Concerns. We may disclose your health information to appropriate authorities if we reasonably believe you are a victim of abuse, neglect, domestic violence, or if disclosure is necessary to prevent a serious threat to your health or safety or the health or safety of others. National Security and Law Enforcement. We may disclose health information for lawful military, national security, intelligence, or correctional institution purposes, as permitted by law.

SPECIAL PRIVACY PROTECTIONS

Reproductive Health Care Information (Effective February 16, 2026)

Federal law prohibits us from using or disclosing protected health information for the purpose of investigating or imposing liability on a person for seeking, obtaining, providing, or facilitating lawful reproductive health care.

We will not disclose reproductive health care information in response to legal requests unless the request meets strict federal requirements, including required attestations.

Substance Use Disorder Records

Certain substance use disorder (SUD) records may be subject to additional federal protections under 42 CFR Part 2. When applicable, these records may not be redisclosed without your specific written authorization or as otherwise permitted by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Access

You have the right to inspect and obtain a copy of your health information, with limited exceptions. You may request copies in paper or electronic form. We will provide the information in the format you request if it is readily producible.

We may charge a reasonable, cost-based fee for copies, mailing, or electronic media, as permitted by law.

Right to Request an Amendment

You have the right to request that we amend your health information if you believe it is incorrect or incomplete. Your request must be in writing and explain the reason for the amendment. We may deny your request under certain circumstances.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. Your request must be in writing and specify how or where you wish to be contacted.

Right to Request Restrictions

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

Right to Receive a Paper Copy

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

QUESTIONS OR COMPLAINTS

If you have questions about this notice or our privacy practices, or if you believe your privacy rights have been violated, you may contact us using the information below.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Filing a complaint will not result in retaliation.

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free: 1-877-696-6775

CONTACT INFORMATION
Legacy Smiles Family Dental
1180 N. Olive Avenue, Meridian, Idaho 83642
(208) 888-3311
legacymanager@legacysmiles.com

Patient Acknowledgment of Notice of Privacy Practices

I acknowledge that I have been offered a copy of the Legacy Smiles Family Dental Notice of Privacy Practices, effective February 16, 2026. I understand that this notice describes how my health information may be used and disclosed and how I can access this information.

Patient Name: _____

Signature: _____ Date: _____

If signed by personal representative:
Representative Name & Relationship: _____