

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities. This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Special Protections for Reproductive Health Information

Federal law provides additional protections for reproductive health information, including information related to pregnancy, contraception, fertility treatment, miscarriage care, and abortion. We are prohibited from using or disclosing reproductive health information to investigate or impose liability on any person for seeking, obtaining, providing, or facilitating lawful reproductive health care. Before disclosing reproductive health information for certain legal or law enforcement requests, we must obtain a written attestation confirming the request is not for a prohibited purpose.

Special Protections for Substance Use Disorder (SUD) Treatment Records If we handle records related to substance use disorder treatment, federal law (42 CFR Part 2) provides stricter confidentiality protections. With your written consent, we may use/disclose SUD records for treatment, payment, and operations. Without consent, disclosure is limited to emergencies, court orders meeting strict legal requirements, and certain legally required reports. You may consent, refuse, or revoke consent for SUD record disclosure. SUD records cannot be redisclosed by recipients without your additional consent or specific legal permission, and cannot be used against you in legal proceedings without your consent or a qualifying court order.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of the Saba Dentistry Notice of Privacy Practices.

Patient name _____

Signature _____ Date _____

COPY POSTED AT THE FRONT DESK