PREMIER DENTAL

NOTICE OF PRIVACY PRACTICES

Effective Date: August 4, 2026

THIS NOTICE DESCRIBES HOW WE COLLECT, USE, DISCLOSE, AND PROTECT YOUR HEALTH INFORMATION, INCLUDING REPRODUCTIVE HEALTH INFORMATION, IN ACCORDANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) AND THE FEDERAL REPRODUCTIVE HEALTHCARE PRIVACY RULE. PLEASE REVIEW IT CAREFULLY.

The privacy of your health information is important to us.

OUR LEGAL DUTY

Premier Dental is required by applicable federal and state law to maintain the privacy of your protected health information (PHI). We are also required to provide you with this Notice describing our legal duties, privacy practices, and your rights regarding your health information.

We must follow the privacy practices described in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice as permitted by law. Any revisions will apply to all protected health information we maintain, including information created or received before the changes are made. Updated copies of this Notice will be available upon request and in our office.

USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose your health information for the following purposes:

Treatment

We may use or disclose your health information to dentists, specialists, physicians, laboratories, pharmacies, or other healthcare providers involved in your care.

Payment

We may use and disclose your health information to obtain payment for services provided, including communicating with dental and medical insurance companies, financing companies, or other responsible parties.

Healthcare Operations

We may use your health information for activities including:

- Quality assessment and improvement
- Staff training
- Licensing and credentialing
- Reviewing provider performance
- Business management and administrative functions
- Compliance with legal and regulatory requirements

No action is required on your part to permit these uses and disclosures.

Other Uses Requiring Your Authorization

Any use or disclosure of your health information not described in this Notice requires your written authorization. You may revoke your authorization at any time in writing; however, revocation will not affect disclosures already made in reliance on your authorization.

Family Members and Friends

We may disclose relevant health information to family members, friends, or other individuals involved in your care or payment for your care when you agree or when permitted by law.

Persons Involved in Your Care

If you are unable to make healthcare decisions due to an emergency or incapacity, we may use our professional judgment to disclose information directly relevant to someone involved in your care or payment for your care.

We may also allow another individual to pick up prescriptions, dental appliances, x-rays, or similar healthcare items when appropriate.

Marketing

We will not use your health information for marketing purposes without your written authorization, except as otherwise permitted by law.

Required by Law

We may disclose your health information when required by federal, state, or local law.

Abuse, Neglect, or Domestic Violence

We may disclose health information to appropriate authorities when we reasonably believe you may be a victim of abuse, neglect, domestic violence, or other crimes, or when necessary to prevent a serious threat to health or safety.

National Security and Law Enforcement

We may disclose health information to military authorities, authorized federal officials, correctional institutions, or law enforcement officials when permitted or required by law.

Appointment Reminders

We may contact you by telephone, voicemail, text message, email, or mail regarding appointments, treatment follow-up, or other healthcare-related communications unless you instruct us otherwise.

Reproductive Healthcare Privacy

Federal privacy rules provide additional protections for protected health information relating to reproductive healthcare.

For HIPAA purposes, reproductive healthcare includes services related to contraception, fertility treatment, miscarriage care, and pregnancy termination.

Protected health information relating to reproductive healthcare will not be used or disclosed in violation of applicable federal law. Requests for certain reproductive healthcare information may require an attestation confirming that the information will not be used for prohibited investigations or proceedings.

PATIENT RIGHTS

Right to Access

You have the right to inspect and obtain copies of your health information, with limited exceptions. Requests must be made in writing.

Reasonable, cost-based fees may apply for copies, postage, or alternative formats where permitted by law.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your protected health information made during the previous six years, excluding disclosures made for treatment, payment, healthcare operations, and other exceptions permitted under HIPAA.

Additional requests within a twelve-month period may be subject to a reasonable fee.

Right to Request Restrictions

You may request restrictions on how we use or disclose your health information. While we will consider all requests, we are not required to agree unless required by law.

Right to Request Confidential Communications

You may request that we communicate with you through alternative methods or at different locations. Requests should be made in writing.

Right to Request Amendment

If you believe information in your health record is incorrect or incomplete, you may request an amendment in writing. We may deny your request under circumstances permitted by law.

Electronic Notice

If you receive this Notice electronically, you may request a printed copy at any time.

QUESTIONS OR COMPLAINTS

If you have questions regarding our privacy practices or believe your privacy rights have been violated, please contact our Privacy Officer.

You may also file a complaint with the U.S. Department of Health and Human Services. Filing a complaint will not affect your treatment or result in retaliation.

Contact Information

Premier Dental

815 17th Street

Vero Beach, FL 32960

Privacy Officer: Adam Jones

Phone: 772-234-5353

Fax: 772-234-7266

Email: Info@premierdentalvero.com