

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## **Our Legal Duties**

Canon Family Dental is required by law to:

- Maintain the privacy and security of your protected health information (PHI);
- Provide you with this Notice describing our legal duties and privacy practices regarding PHI; and
- Notify you following a breach of unsecured PHI.

We must follow the privacy practices described in this Notice while it is in effect. This Notice is effective **February 16, 2026**, and will remain in effect until replaced.

We reserve the right to change the terms of this Notice at any time, as permitted by law, and to make the revised Notice effective for all PHI we maintain. When a material change is made, the updated Notice will be posted prominently in our office and made available upon request.

You may request a paper copy of this Notice at any time.

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## **How We May Use and Disclose Your Health Information**

### **Treatment**

We may use and disclose your PHI to provide, coordinate, or manage your dental care. For example, we may share information with specialists or other healthcare providers involved in your treatment.

### **Payment**

We may use and disclose your PHI to bill and collect payment for services provided to you. This includes billing, claims submission, eligibility determinations, collections, and coordination of benefits with insurance carriers.

### **Health Care Operations**

We may use and disclose your PHI for practice operations, including quality improvement activities, staff training, licensing, audits, and business planning.

### **Individuals Involved in Your Care or Payment**

We may disclose your PHI to family members, friends, or others you identify who are involved in your care or payment for your care. If a person has legal authority to act on your behalf, we will treat that person as your personal representative.

**Disaster Relief**

We may disclose your PHI to disaster relief organizations to assist in coordinating care or notifying others of your location or condition.

**Required by Law**

We may use or disclose your PHI when required to do so by federal, state, or local law.

**Public Health Activities**

We may disclose PHI for public health purposes, including to:

- Prevent or control disease, injury, or disability;
- Report abuse, neglect, or domestic violence as required by law;
- Report adverse reactions to medications or problems with products;
- Notify individuals of recalls or safety concerns; or
- Notify authorities when required by law.

**Health Oversight Activities**

We may disclose PHI to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and licensure.

**Law Enforcement and National Security**

We may disclose PHI to law enforcement officials as permitted or required by law, including in response to subpoenas or court orders. We may also disclose PHI for military, national security, or correctional institution purposes as allowed by law.

**Judicial and Administrative Proceedings**

We may disclose PHI in response to a court or administrative order, subpoena, or other lawful process, subject to legal requirements.

**Workers' Compensation**

We may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation or similar programs.

**Research**

We may disclose PHI for research purposes when approved by an institutional review board or privacy board and subject to applicable safeguards.

**Coroners, Medical Examiners, and Funeral Directors**

We may disclose PHI to coroners, medical examiners, or funeral directors as permitted by law.

## **Fundraising Communications**

We may contact you regarding practice-sponsored activities or fundraising, as permitted by law. You have the right to opt out of such communications.

## **Substance Use Disorder Records (42 CFR Part 2)**

If your health record includes information related to the diagnosis, treatment, or referral for treatment of a substance use disorder that is protected under federal law (42 CFR Part 2), we will apply additional confidentiality protections as required by law. Such information generally will not be used or disclosed in civil, criminal, administrative, or legislative proceedings without your written consent or a court order, except as otherwise permitted by law. We will only use or disclose these records in strict compliance with applicable federal and state requirements.

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## **Uses and Disclosures Requiring Your Authorization**

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice, except as permitted or required by law. Authorization is required for:

- Disclosure of psychotherapy notes (if applicable);
- Use or disclosure of PHI for marketing purposes; and
- Sale of PHI.

You may revoke an authorization in writing at any time, except to the extent we have already relied on it.

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## **Your Rights Regarding Your Health Information**

### **Right to Access**

You have the right to inspect or obtain a copy of your PHI, with limited exceptions. Requests must be made in writing. If your information is maintained electronically, you may request an electronic copy in a readily producible format. We may charge a reasonable, cost-based fee as permitted by law. Requests will be responded to within the timeframes required by law.

### **Right to an Accounting of Disclosures**

You have the right to receive an accounting of certain disclosures of your PHI. One accounting per 12-month period is provided at no charge; additional requests may incur a reasonable fee.

### **Right to Request Restrictions**

You may request restrictions on certain uses or disclosures of your PHI. We are not required to agree to all requests, except where you have paid in full for a service and request that information not be disclosed to a health plan for payment or operations purposes.

### **Right to Request Confidential Communications**

You may request that we communicate with you in a specific way or at a specific location. We will accommodate reasonable requests.

### **Right to Request Amendment**

You may request an amendment to your PHI if you believe it is incorrect or incomplete. Requests must be made in writing and include the reason for the amendment. We may deny requests as permitted by law.

### **Right to Notification of a Breach**

You have the right to be notified following a breach of your unsecured PHI, as required by law.

### **Right to a Paper Copy**

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

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### **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. We will not retaliate against you for filing a complaint.

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### **Contact Information**

**Privacy Official:** Rebecca Vining

**Telephone:** (719) 285-4784

**Fax:** (719) 345-4120

**Address:** 1227 S. 9th Street, Canon City, CO 81212

**Email:** officemanager@canonfamilydental.com