

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

THIS NOTICE DESCRIBES:

- How **Protected Health Information (PHI)** about you may be used and disclosed.
- Your rights regarding your PHI.
- Our legal duties with respect to PHI.

Please review it carefully.

1. WHO WILL FOLLOW THIS NOTICE

This Notice applies to the dental practice listed below:

Leipnitz Dental Clinic
2521 South Broadway, Suite 1
Menomonie, WI 54751
715-235-7371
Privacy Official: Kris Stuart

For questions about this notice or our privacy practices, contact the Privacy Official at the above address and phone number.

2. OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that your health information is personal. We are committed to protecting the privacy of your PHI and to complying with the federal Health Insurance Portability and Accountability Act (HIPAA) and applicable state law. We create a record of the care and services you receive for use in providing future care and billing purposes

We are required by law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice that describes our legal duties and privacy practices.
- Abide by the terms of the Notice currently in effect.
- Notify you if there is a breach of any unsecured PHI.

3. HOW WE MAY USE AND DISCLOSE YOUR PHI

The following categories describe different ways we may use and disclose your PHI without your written authorization:

Treatment

We may use and disclose PHI to provide, coordinate, or manage your dental care and related services. For example, sharing information with specialists or laboratories.

Payment

We may use and disclose PHI to bill and collect payment for services provided. This includes dental insurance claims.

Healthcare Operations

We may use and disclose PHI for operational activities including quality improvement, staff training, audits, and business management.

Other Uses Permitted by Law

We may disclose PHI without authorization for:

- Public health activities
- Reporting abuse, neglect, or domestic violence
- Health oversight activities
- Law enforcement (limited circumstances)
- Judicial and administrative proceedings
- As required by state or federal law

4. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Except as described above, we must obtain your written authorization to

- Use or disclose psychotherapy notes (if maintained)
- Use or disclose PHI for marketing purposes
- Sell PHI
- Other uses not listed in this Notice

You may revoke an authorization in writing at any time.

5. YOUR RIGHTS REGARDING PHI

You have the following rights:

Right to Inspect and Copy

You can request access to your dental and health records. We will provide a copy or a summary, usually within 30 days.

Right to Request an Amendment

If you believe your PHI is incorrect, you may request an amendment. We are not required to agree but must respond in writing.

Right to an Accounting of Disclosures

You may request a list of disclosures of your PHI made by us, with certain exceptions.

Right to Request Restrictions

You may ask to limit uses and disclosures of your PHI. We are not required to agree except to restrictions on disclosure to your health plan for services paid out of pocket.

Right to Confidential Communications

You may request confidential communications by alternative means or at an alternative address.

Right to a Paper Copy of This Notice

You may obtain a paper copy even if you agreed to receive it electronically.

Right to File a Complaint

You may file a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated.

No retaliation will occur against you for filing a complaint.

6. CHANGES TO THIS NOTICE

We may change our privacy practices and the terms of this Notice at any time. Changes apply to all PHI we maintain. A revised Notice will be available in our office and on our website.