

Notice of Privacy Policy

§ 164.520(b)(1), § 164.520(c)(2), § 164.520(e)

Practice Name: Mark Richardson DDS PLC

Purpose

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires that this practice provide each of its patient with a Notice of Privacy Practices (NPP). The goal of the Notice of Privacy Practices is to inform patients of:

- How the health care organization will use and disclosure patient PHI
- Patient rights and responsibilities with respect to their PHI
- The duties of the covered entity with respect to patient PHI

This policy describes how this practice's Notice of Privacy Practices is provided to patients, acknowledged, and provides the contact information for the workforce member to whom patients should direct questions about the Notice of Privacy Practices.

Policy

This practice offers every patient the Notice of Privacy Practices that describes how their PHI may be used and disclosed, the rights and responsibilities of patients with respect to their PHI, and the responsibilities of this practice with respect to the PHI it creates, collects, and maintains. The Notice of Privacy Practices will also be posted on the wall in the patient area and is linked to the practice website.

Procedure

Each patient that receives healthcare services at this practice is offered a copy of or will view our Notice of Privacy Practices and will acknowledge receipt of this information in writing.

New Patients

When a new patient arrives at the office:

1. The individual responsible for the patient's registration is responsible for providing the patient with the Notice of Privacy Practices and obtain a signed acknowledgement of receipt
2. A copy of the acknowledgement form should be kept in the patient's medical record

Existing Patients

When a patient's file contains a signed Patient Acknowledgment form, workforce members are not required to provide the patient with an additional copy. If there is no documentation of a previous receipt and acknowledgment of the Notice of Privacy Practices for an existing patient, the healthcare provider's office will:

1. Provide the patient with the Notice of Privacy Practices
2. Request the patient to acknowledge receipt of the *Notice of Privacy Practices* by signing the *Patient Acknowledgment* form

If the patient refuses or is unable to sign the acknowledge their receipt of the Notice of Privacy Practices, the staff member will:

1. Document the patient's refusal or inability to sign on the Patient Acknowledgment form along with any efforts that were made to obtain the patient's acknowledgment
2. File the annotated Patient Acknowledgment form in the patient's record

Requests for a Notice of Privacy Practices

If any individual requests a copy of the Notice of Privacy Practices for the practice, the person receiving the request should provide a copy to the requesting individual. In addition, the Notice of Privacy Practices should be posted on the this practice's website.

Documentation

All documentation related to the receipt and acknowledgment of the Notice of Privacy Practices is maintained for a minimum of six (6) years.

Questions

Questions the Notice of Privacy Practices or its contents should be directed to the HIPAA Privacy Officer. Questions about the distribution and acknowledgment process should be directed to the practice supervisor or the HIPAA Privacy Officer.

Definition – Protected Health Information

Protected Health Information is defined as information that may identify a patient and includes:

- Demographic information that may identify a patient
- Information related to the patient's past, present, or future physical or mental health and condition
- Information related to health care services or payment for health care services

Revising the NPP

Whenever this practice's privacy practices change or there is a change in the law or HIPAA Rules that requires a change to the Notice of Privacy Practices, This practice shall determine whether the practice must revise the Notice of Privacy Practices and, if so, will revise the policy accordingly.

On or after the effective date of revisions to the Notice of Privacy Practices, then on or after the effective date of the revision this practice will:

1. Provide the new Notice of Privacy Practices to patients on their first appointment and ask them to sign the acknowledgement
2. Have a supply of paper copies of the new Notice of Privacy Practices available in the practice and provide it to anyone who requests a copy
3. Post the new Notice of Privacy Practices in a clear and prominent location in the practice
4. Post the new Notice of Privacy Practices on the practice's website
5. Retain at least one copy of both the old and new Notice of Privacy Practices for at least six (6) years from the latter of the date when the document was created or the date when the document was last in effect

NOTICE OF PRIVACY PRACTICES

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.

Effective Date February 16, 2026.

OUR COMMITMENT TO YOUR PRIVACY

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA) and related federal confidentiality laws, we are required by law to protect the privacy of your Protected Health Information (PHI), whether in electronic, oral, or paper form, and to provide you with this Notice of our legal duties and privacy practices.

We are required to comply with the terms of this Notice and reserve the right to make revisions to this policy at any time. Should revisions be made, you will be notified in writing, and a copy of the revised policy will be made available at your request.

We may be assessed a penalty for any misuse or unauthorized disclosures of your personal health information as regulated by HIPAA.

You may also obtain a current copy upon request. If a breach of your unsecured PHI occurs, we will notify you within 10 business days of our discovery in accordance with HIPAA regulatory requirements.

TYPES OF HEALTH INFORMATION WE COLLECT

Your PHI includes information about your past, present, or future physical or mental health condition, the health care services provided to you, and the past, present, or future payment for those services.

PERMISSIBLE USES AND DISCLOSURES OF YOUR PHI

We may use and disclose your PHI without your written authorization for the following purposes:

- Treatment: To coordinate or manage your health care services among health care providers.
- Payment: To obtain reimbursement for healthcare services provided to you.
- Healthcare Operations: For day-to-day activities such as quality assessment, case management, audit functions, customer service evaluations, resolution of grievances, and administrative activities.
- Appointment Reminders and Treatment Alternatives: To remind you about appointments or inform you about treatment alternatives or other health-related benefits and services.

We may de-identify your Personal Health Information by using codes or removing all individually identifiable health information.

SUBSTANCE USE DISORDER (SUD) RECORDS AND LEGAL PROTECTIONS

If we receive or maintain Substance Use Disorder (SUD) records protected under 42 CFR Part 2, we must follow additional federal confidentiality protections beyond HIPAA.

- SUD records may only be used or disclosed for treatment, payment, or healthcare operations as permitted by Part 2 and HIPAA.
- These records may not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or a court order is issued after proper legal procedures.
- You have the right to opt out of any fundraising communications related to care involving SUD records.

REDISCLASURE NOTICE

Health information that is disclosed to non-HIPAA-covered entities may no longer be protected under HIPAA and could be subject to redisclosure by the recipient.

OTHER USES AND DISCLOSURES OF PHI

We must obtain your written authorization for any use or disclosure of PHI not described in this Notice, including:

- Use or disclosure of psychotherapy notes
- Use of PHI for marketing purposes
- Sale of PHI

You may revoke your authorization at any time in writing. We will honor your request except to the extent we have already taken action in reliance on it.

YOUR INDIVIDUAL RIGHTS

- You have the right to request restrictions on uses and disclosures of your PHI. While we are not required to agree, we will comply with any approved restrictions.
- You have the right to request confidential communications.
- You have the right to inspect and obtain a copy of your PHI. If your records are maintained electronically, you may request an electronic copy.
- You have the right to request an amendment of your PHI.
- You have the right to receive an accounting of certain disclosures we have made of your PHI in the past six years.
- You have the right to a paper copy of this Notice, even if you have received it electronically.
- If you have paid for services out of pocket, in full, and request that we not disclose PHI related solely to these services to a health plan, we will abide by this request except where required by law to make a disclosure.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a formal written complaint with our office or with the U.S. Department of Health & Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

CONTACT INFORMATION

If you have any questions regarding your privacy rights or access to your personal information, please contact us at the following:

Practice Name: Mark Richardson DDS PLC

HIPAA Compliance Contact: Holly

Practice Number: 2692179611

Practice E-mail: smilekalamazoo@gmail.com

NEW PATIENT RIGHTS UNDER HIPAA (2026 UPDATES)

You have the right to access your Protected Health Information (PHI) promptly and at a lower cost. You may also direct that your PHI be sent to a third party (such as another provider, caregiver, or personal representative) in an electronic format.

ACCESS TO YOUR RECORDS

You have the right to inspect your PHI in person, including taking notes or capturing images using your own device. You will be provided access to your PHI within 15 calendar days of your request. One 15-day extension is permitted if necessary.

DISCLOSURES FOR CARE COORDINATION

We may disclose your PHI to social services agencies, community-based organizations, or similar third parties for purposes of care coordination and case management, without requiring your individual authorization.

NO SIGNATURE REQUIRED TO ACKNOWLEDGE NPP

You are not required to sign any form acknowledging that you received this Notice. However, this Notice will always be available to you in writing and electronically upon request.

REPRODUCTIVE HEALTH PRIVACY PROTECTIONS

Your health information related to reproductive health care will not be disclosed to law enforcement, government officials, or others for use in any criminal, civil, or administrative investigations or proceedings against you, your health care provider, or others for seeking, obtaining, providing, or facilitating lawful reproductive health care. This includes services such as:

- Contraception
- Pregnancy care - Fertility treatments
- Abortion - Miscarriage management
- Other related reproductive services that are lawful in the state where they are provided

We are committed to protecting the privacy of your reproductive health information and will not disclose such information unless required by federal law and after meeting all applicable legal standards.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a formal complaint with our office at the contact listed above in Item Number 9 or with the U.S. Department of Health & Human Services, Office for Civil Rights (OCR). You may contact OCR at:

Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

Phone: 1-800-368-1019 | TTY: 1-800-537-7697

Email: OCRComplaint@hhs.gov

You will not be retaliated against for filing a complaint.