

HIPAA Notice of Privacy Practices

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment.

We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment.

We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations.

We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the dental care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your dental plan) for their dental care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.
We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care.

When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research.

Under certain circumstances, we may use and disclose Health Information for research. Before we use or disclose Health Information for research, the project will go through a special approval process.

SPECIAL SITUATIONS:

As Required by Law.

We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety.

We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Business Associates.

We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All business associates are obligated to protect the privacy of your information.

Public Health Risks, Health Oversight Activities, Data Breach Notification, Lawsuits and Disputes, Law Enforcement, Coroners and Medical Examiners, National Security, Protective Services, Inmates or Individuals in Custody — disclosures may be made as permitted or required by law.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR:

1. Uses and disclosures of Protected Health Information for marketing purposes.
2. Disclosures that constitute a sale of your Protected Health Information.

YOUR RIGHTS:

- Right to Inspect and Copy
- Right to an Electronic Copy of Electronic Medical Records
- Right to Get Notice of a Breach
- Right to Amend
- Right to an Accounting of Disclosures
- Right to Request Restrictions
- Right to Confidential Communications
- Right to a Paper Copy of This Notice

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing. You will not be penalized for filing a complaint.

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ADDENDUM TO HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

This Addendum supplements the existing HIPAA Notice of Privacy Practices of North Brunswick Family Dental & Orthodontics.

Substance Use Disorder Treatment Records (42 CFR Part 2)

In accordance with federal requirements effective February 16, 2026, certain records relating to substance use disorder (SUD) treatment that are received from a federally assisted substance use disorder treatment program are subject to additional confidentiality protections under 42 CFR Part 2.

If our practice receives records subject to 42 CFR Part 2, we will not use or disclose such records without your specific written authorization, except as permitted or required by law.

Federal law prohibits the unauthorized redisclosure of substance use disorder treatment information.

All other sections of the original Notice of Privacy Practices remain in full force and effect.