NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2026

Lodi Valley Dental, LLC

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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1. Our Commitment to Your Privacy

Lodi Valley Dental, LLC is committed to protecting the privacy and security of your health information. This Notice explains how we may use and disclose your protected health information ("PHI"), your rights related to that information, and our legal responsibilities under the Health Insurance Portability and Accountability Act ("HIPAA") and applicable federal and Wisconsin laws.

We are required by law to maintain the privacy of your PHI and to follow the terms of this Notice.

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2. How We May Use and Disclose Your Protected Health Information

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

A. Treatment

We may use and share your PHI to provide, coordinate, or manage your dental care.
This may include sharing information with other dentists, dental specialists, physicians, laboratories, or pharmacies involved in your treatment.

B. Payment

We may use and disclose your PHI to obtain payment for services provided to you.
Examples include billing your dental or medical insurance, verifying benefits, determining eligibility, and collecting unpaid balances.

C. Health Care Operations

We may use and disclose your PHI for routine business operations that support quality care and compliance. Examples include staff training, quality improvement activities, licensing, audits, accreditation, risk management, and administrative functions.

D. Appointment Reminders and Health-Related Communications

We may contact you by phone, voicemail, text message, email, or mail to:

- Remind you of appointments
- Provide information about treatment options or alternatives
- Share information about dental services related to your care

You may request that we limit or change how we communicate with you.

E. Individuals Involved in Your Care or Payment

Unless you object, we may share relevant PHI with a family member, friend, or other person involved in your care or payment for your care.

F. As Required or Permitted by Law

We may disclose PHI when required or permitted by federal or Wisconsin law, including for:

- Public health reporting
- Reporting abuse, neglect, or domestic violence
- Health oversight activities
- Law enforcement purposes
- Judicial or administrative proceedings
- Workers' compensation claims

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3. Uses and Disclosures That Require Your Written Authorization

We will obtain your **written authorization** before using or disclosing your PHI for purposes not described in this Notice, including:

- Most uses and disclosures of psychotherapy notes (if applicable)

- The sale of PHI
- Certain marketing communications
- Certain uses or disclosures of genetic information for underwriting purposes

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

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4. Your Rights Regarding Your Protected Health Information

You have the following rights under HIPAA and applicable law:

A. Right to Access and Copies

You may inspect or obtain a copy of your PHI in paper or electronic format.
We will respond within the time required by law and may charge a reasonable, cost-based fee.

B. Right to Request an Amendment

If you believe your PHI is incorrect or incomplete, you may request an amendment.
We may deny your request in certain circumstances, but we will explain our decision in writing.

C. Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made during the past six (6) years, excluding disclosures for treatment, payment, and health care operations.

D. Right to Request Restrictions

You may request restrictions on how we use or disclose your PHI.
We are not required to agree to all requests; however, if we do agree, we will honor the restriction unless emergency treatment is required.

If you pay for a service **in full out-of-pocket**, you may request that we not disclose related information to your health plan, and we will honor that request as required by law.

E. Right to Confidential Communications

You may request that we communicate with you in a specific way or at a specific location (for example, by mail instead of phone, or at a different address).

F. Right to a Paper Copy of This Notice

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

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5. Breach Notification

We are required by law to notify you following a breach of unsecured PHI that compromises the privacy or security of your information.

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6. Our Legal Duties

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of Privacy Practices
- Follow the terms of this Notice currently in effect

We reserve the right to change this Notice. Any revised Notice will apply to all PHI we maintain and will be available in our office and upon request.

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7. Complaints

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

You will not be retaliated against or penalized for filing a complaint.

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8. Contact Information

Lodi Valley Dental, LLC
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Lodi, WI 53555
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(608)592-4398

U.S. Department of Health and Human Services
Office for Civil Rights
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