

# NOTICE OF PRIVACY PRACTICES DENTAL ARTS OF DALTON, PC

Effective Date: January 1, 2026

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**THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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## CONTACT INFORMATION

If you have questions about this Notice or our privacy practices, please contact:

**Privacy Officer:** Tiffany Lewis

**Phone:** (706) 278-4254

**Fax:** (706) 279-2881

**Email:** info@dentalartsofdalton.com

**Address:** 1716 Cleveland Hwy, Suite 400, Dalton, GA 30721

## OUR LEGAL DUTIES

We are required by law to protect the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices, and follow the terms of this Notice currently in effect.

We may change our privacy practices at any time, as permitted by law. If we make a material change, we will update this Notice and make the revised version available in our office and on our website. The revised Notice will apply to all PHI we maintain.

## HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information without your authorization for the following purposes:

**Treatment:** We may use or disclose your health information to dentists, physicians, specialists, or other healthcare providers involved in your care. For example, we may send x-rays or records to a specialist using encrypted email.

**Payment:** We may use and disclose your health information to bill and receive payment from you, your insurance company, or a third-party payer.

**Healthcare Operations:** We may use and disclose your health information for healthcare operations, including quality assessment, staff training, audits, compliance activities, business management, and customer service.

**Individuals Involved in Your Care:** With your agreement, we may share relevant information with family members, friends, or others involved in your care or payment for your care. If you are unable to agree or object, we may use professional judgment to determine what information is appropriate to share.

**Appointment Reminders and Communications:** We may contact you by phone, voicemail, text message, email, or mail to remind you of appointments, discuss treatment, or provide billing information. Please notify us if you prefer alternative communication methods.

**Public Health and Legal Requirements:** We may disclose your health information as required or permitted by law, including for public health activities, health oversight, valid court orders or subpoenas, law enforcement requests, or to prevent a serious threat to health or safety. Any disclosure will be limited to the minimum information required by law.

**Business Associates:** We may share your health information with business associates who perform services on our behalf as permitted by law. These entities are required by law and contract to protect your information.

**Data Breach Notifications:** We may use your contact information to notify you if there is a breach involving your unsecured health information, as required by law.

## **PATIENT RIGHTS**

You have the right to:

**Access and Copies:** Request access to or copies of your health information in paper or electronic form, including a copy sent directly to you or to a person you designate, as permitted by law. We may charge a reasonable, cost-based fee as permitted by law.

**Request Amendments:** Ask us to correct or amend your health information if you believe it is incorrect or incomplete.

**Request an Accounting of Disclosures:** Receive a list of certain disclosures we have made, other than for treatment, payment, or healthcare operations.

**Request Restrictions:** Request restrictions on certain uses or disclosures, including restricting disclosures to your health plan if you pay for a service in full out-of-pocket. We are required to honor such requests when applicable.

**Confidential Communications:** Request that we communicate with you in a specific way or at a specific location.

**Receive a Paper Copy:** Request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

## **ADDITIONAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION**

Certain records related to substance use disorder treatment may be protected by federal law under 42 CFR Part 2. If we maintain or receive such records, they are subject to additional confidentiality requirements and may not be disclosed without your specific written authorization or as otherwise permitted by law.

## **STATE LAW PROTECTIONS**

If state privacy laws provide greater protection for your health information than federal law, we will follow the more protective law.

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