

NOTICE OF PRIVACY PRACTICES

Effective Date: JULY 1, 2025

Dental Practice Name: Frederick Norfolk, DMD and Associates **Address:** 116 Water St. Milford MA 01757

Phone: 508-478-7925

Fax: 508-478-4069

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information.

We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices described in this notice while it is in effect.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. For each of these categories, we have provided a description and an example. Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records, may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

Treatment: We may use and disclose your medical information, without your prior approval, to another health care provider for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, we may disclose your medical information to a specialist to determine the course of your dental treatment.

Payment: We may use and disclose your medical information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing medical information.

Healthcare Operations: We may use and disclose your medical information, without your prior approval, for health care operations. Health care operations include:

- Healthcare quality assessment and improvement activity;
- Reviewing and evaluating dental care provider performance, qualifications, and competence, health care training programs, provider accreditation, certification, licensing, and credentialing activities;
- Conducting or arranging for medical reviews, audits, and legal services including fraud, and abuse detection and prevention; and
- Business planning, development, management, and general administration, including customer service, complaint resolutions and billing, de-identifying medical information, and creating data sets for health care operations, public health activities, and research.

We may disclose your medical information to another dental or medical provider or to your health plan subject to federal privacy protection laws, as long as the provider or plan has or had a relationship with you and the medical information is for that provider's or plan's health care quality assessment and improvement activities, competence, and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You (or your legal representative) may give us written authorization to use your medical information or to disclose it to anyone for any purpose. Once you give us authorization to release your medical information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may revoke your written authorization at any time in writing, except if we have already acted based on your authorization. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

Unless you give us written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice. We will obtain your authorization prior to using your medical information for marketing, fundraising purposes, or for commercial use. Once authorized, you may opt out of any of those communications.

Other Individuals Involved in your Care or Payment for Care: We may disclose your medical information to a family member, friend, or any other person you involve in your care or payment for your healthcare. We will disclose only the medical information that is relevant to the person's involvement. Additionally, we may disclose medical information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Health-Related Products and Services: We may use your medical information to communicate with you about health-related products, benefits, services, payment for those products and services, and treatment alternatives.

Plan Sponsors: If your dental insurance coverage is through an employer-sponsored group dental plan, we may share summary health information with the plan sponsor.

Reminders: We may use or disclose medical information to send you reminders about your dental care, such as appointment reminders.

Disaster Relief: We may use or disclose your medical information to assist in disaster relief efforts. We will provide you with an opportunity to object to these disclosures, unless you are not present, or are incapacitated, or it is an emergency disaster relief situation. In those situations, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

Required by Law: We may use or disclose your medical information when we are required to do so by law.

Public Health Activities: We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for public health activities, including disclosures to:

- Prevent or control disease, injury, or disability;
- Report child abuse or neglect,
- Avert a serious and imminent threat to health or safety
- Report reactions to medications or problems with products or devices;
- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

National Security: We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose

correctional institution or law enforcement officials having lawful custody the protected medical information of an inmate or patient.

Secretary of HHS: We will disclose your medical information to the Secretary of the US. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

Worker's Compensation: We may disclose your medical information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Law Enforcement: We may disclose your medical information for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Health Oversight Activities: We may disclose your medical information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research: We may disclose your medical information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors: We may disclose your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors consistent with applicable law to enable them to carry out their duties.

Fundraising: We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

Other Uses and Disclosures of Medical Information: Your authorization is required, with a few exceptions, for disclosure of psychotherapy notes, use or disclosure of medical information for marketing, and for the sale of protected health information. We will also obtain your written authorization before using or disclosing your medical information for purposes other than those provided in this notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your medical information, except to the extent that we have already taken action in reliance on the authorization.

If the use or disclosure of protected health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

YOUR HEALTH INFORMATION RIGHTS

Access: You have the right to view or obtain copies of your health information, with limited exceptions. You must submit your request in writing. To request access, you may obtain a form by using the contact information provided at the beginning of this notice. If you request information maintained on paper, we may provide photocopies. If you request electronically maintained information, you have the right to

receive an electronic copy. We will provide the information in the format you request if it is readily reproducible. A reasonable, cost-based fee may apply to cover supplies, labor for copying, and postage if you request mailed copies. If your request for access is denied, you have the right to have the denial reviewed in accordance with applicable law.

Disclosure Accounting: With certain exceptions, you have the right to receive an accounting of disclosures of your medical information as required by applicable laws and regulations. To request this accounting, you must submit a written request to our Privacy Official. If you request an accounting more than once in a 12-month period, we may charge a reasonable, cost-based fee for processing additional requests.

Right to Request a Restriction: You have the right to request additional restrictions on our use or disclosure of your medical information by submitting a written request to the Privacy Official. Your request must include:

- The specific information you wish to limit,
- Whether you want to restrict our use, disclosure, or both, and
- To whom the restrictions should apply.



SIGNATURE NEEDED

We are not obligated to agree to your request, except when the disclosure is to a health plan for payment or healthcare operations, and the information pertains solely to a healthcare item or service for which you (or someone on your behalf, other than the health plan) have paid in full.

Alternative Communication: You have the right to request that we communicate with you about your medical information through alternative means or at alternative locations. Your request must be made in writing and specify the preferred method or location, along with a satisfactory explanation of how payments will be handled. We will accommodate all reasonable requests. However, if we cannot reach you using your preferred method or location, we may use the contact information we have on file.

Amendment: You have the right to request amendments to your health information. Your request must be submitted in writing and include justification for the amendment. We may deny your request under certain circumstances. If approved, we will amend your records and notify you. If denied, we will provide a written explanation of the denial and inform you of your rights.

Right to Notification of a Breach: You will receive notifications of any breaches involving your unsecured protected health information as required by law.

Electronic Notice: You may receive a paper copy of this notice upon request, even if you have agreed to receive it electronically via our website or email.

QUESTIONS AND COMPLAINTS *If you have questions or concerns, please contact:*

Privacy Officer: Karen Costello

Practice Name: Frederick Norfolk, DMD and Associates

Address: 116 Water Street Milford, MA 01757

Phone: 508-478-7925

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at an alternative locations, you may complain to us using the contact information listed at the start of the notice. You may also submit a written complaint to the U.S.

Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement.

I, _____, have received a copy of this office's Notice of Privacy Practices.

(Signature) _____

(Date) _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify): _____