STOIC DENTAL

NOTICE OF PRIVACY PRACTICES

Effective Date: 07/01/2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At Stoic Dental, we understand that your dental and health information is personal. We are committed to protecting your privacy and complying with the Health Insurance Portability and Accountability Act (HIPAA) and applicable federal and Nebraska laws.

OUR RESPONSIBILITIES

Stoic Dental is required by law to:

- Maintain the privacy and security of your protected health information (PHI).
- Provide you with this Notice of Privacy Practices.
- Follow the terms of this Notice currently in effect.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Inform you of your rights regarding your health information.

We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by law. Any revised Notice will apply to all health information we maintain. Updated notices will be available in our office and upon request.

USES AND DISCLOSURES OF HEALTH INFORMATION

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

Treatment

We may use and disclose your health information to provide, coordinate, and manage your dental care.

Examples include:

- Consulting with specialists regarding your treatment.
- Referring you to another healthcare provider.
- Sending radiographs, photographs, periodontal charting, and treatment records to specialists or laboratories.
- Communicating with dental laboratories regarding crowns, dentures, implants, aligners, or other appliances.

Payment

We may use and disclose your health information to obtain payment for services provided to you.

Examples include:

- Submitting claims to dental or medical insurance companies.
- Verifying eligibility and benefits.
- Obtaining prior authorizations.
- Billing and collection activities.

Healthcare Operations

We may use and disclose your information for activities necessary to operate our practice.

Examples include:

- Quality improvement activities.
- Employee training and education.
- Licensing, credentialing, and accreditation activities.
- Compliance reviews and audits.
- Business planning and management.

Appointment Reminders and Patient Communications

We may contact you regarding:

- Appointment reminders.
- Treatment recommendations.
- Follow-up care.
- Billing matters.

- Practice-related communications.

These communications may occur by:

- Telephone
- Voicemail
- Text message
- Email
- Patient portal
- Mail

You may request alternative methods of communication at any time.

Individuals Involved in Your Care

Unless you object, we may share relevant health information with family members, friends, caregivers, or others involved in your care or payment for your care.

If you are unable to communicate your wishes due to an emergency or incapacity, we may use our professional judgment to determine whether disclosure is in your best interest.

OTHER USES AND DISCLOSURES

We may use or disclose your health information when permitted or required by law, including:

Required by Law

When federal, state, or local laws require disclosure.

Public Health Activities

For disease prevention, reporting, public health investigations, or health oversight activities.

Abuse, Neglect, or Domestic Violence

To appropriate authorities when required or authorized by law.

Health Oversight Activities

For audits, inspections, investigations, and licensure activities.

Judicial and Administrative Proceedings

In response to court orders, subpoenas, or lawful legal processes.

Law Enforcement

When required by law or in response to authorized requests from law enforcement officials.

Workers' Compensation

As authorized by workers' compensation laws.

National Security and Military Activities

To authorized government officials for national security, intelligence activities, military command authorities, and other lawful government functions.

Organ and Tissue Donation

To organizations involved in organ, eye, or tissue procurement and transplantation.

Coroners, Medical Examiners, and Funeral Directors

When necessary to carry out their duties.

Research

When approved and conducted in accordance with applicable laws and privacy protections.

Serious Threat to Health or Safety

To prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.

Business Associates

To vendors and service providers who perform functions on our behalf and who are contractually required to safeguard your information.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before:

- Using or disclosing your information for most marketing purposes.
- Selling your protected health information.
- Any use or disclosure not otherwise described in this Notice.

You may revoke your authorization at any time in writing, except to the extent that action has already been taken based upon your authorization.

YOUR RIGHTS

You have the following rights regarding your protected health information:

Right to Inspect and Obtain Copies

You may request access to your dental and health records.

Reasonable fees may apply for copying, mailing, or preparing records as permitted by law.

Right to Request an Amendment

You may request that we correct information you believe is inaccurate or incomplete.

Requests must be submitted in writing and include a reason for the requested amendment.

Right to an Accounting of Disclosures

You may request a list of certain disclosures we have made of your information during the previous six years, excluding disclosures made for treatment, payment, healthcare operations, and certain other permitted purposes.

Right to Request Restrictions

You may request restrictions on how we use or disclose your information.

Although we are not required to agree to all requested restrictions, we will comply with any restriction we agree to.

Right to Confidential Communications

You may request that we communicate with you by alternative means or at alternative locations.

Examples include:

- Calling only your cell phone.
- Sending mail to an alternate address.
- Using email rather than postal mail.

Right to Receive a Paper Copy

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

Right to Breach Notification

You have the right to be notified if a breach of unsecured protected health information occurs.

Transfer of Records

If Stoic Dental is sold, merged, or otherwise transferred to another healthcare organization, your records may be transferred to the successor organization. You may request that copies of your records be sent to another provider of your choosing.

QUESTIONS OR COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. **You will not be penalized for filing a complaint.**

For more information, please contact:

Privacy Officer: Rebecca Brodecky
Address: 5801 S 58th St Ste AA Lincoln, NE 68516
Phone: 402-259-0206
Email: info@stoicdental.com

If you are concerned that we may have violated your privacy rights, or you disagree 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 health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the beginning of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received the Notice of Privacy Practices from Stoic Dental, which explains how my personal health information may be used or disclosed and outlines my rights with respect to such information.

Patient Name: _____

Patient Signature: _____

Date: _____

If signed by personal representative:

Name: _____

Relationship to Patient: _____