

NOTICE OF PRIVACY PRACTICES

Care Smile Dental
200 Ayer Rd, Harvard, MA 01451
(978) 456-0888
Effective Date: February 1, 2026

This Notice describes how health information about you may be used and disclosed and how you can obtain access to this information.

Please review it carefully.

OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice of our privacy practices
- Follow the terms of this Notice currently in effect
- Notify you if a breach occurs that may compromise your information

We comply with **federal HIPAA regulations** and **Massachusetts privacy and data security laws**, which may provide greater protections.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Treatment: We may use and share your information to provide, coordinate, or manage your dental care.

Example: sharing X-rays with a specialist or dental laboratory.

Payment: We may use your information to bill and collect payment from insurance companies or other responsible parties.

Health Care Operations: We may use your information for practice operations, including quality improvement, training, audits, compliance, credentialing, and customer service.

Other Permitted Uses: We may disclose your information as permitted or required by law, including for public health activities, health oversight, law enforcement, workers' compensation, or to prevent a serious threat to health or safety.

We may use **de-identified information** for operational or health-related purposes.

USES REQUIRING AUTHORIZATION

Any use or disclosure not described above will be made only with your written authorization.

You may revoke your authorization in writing at any time, except where action has already been taken.

YOUR RIGHTS

You have the right to:

- Inspect and obtain copies of your health records, including **electronic copies**
 - Request corrections to your records
 - Request restrictions on certain uses or disclosures (not all requests must be honored)
 - Request confidential communications by alternative means or locations
 - Receive an accounting of certain disclosures
 - Obtain a paper copy of this Notice at any time
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TURN DOCUMENT OVER

ELECTRONIC HEALTH INFORMATION: Your information may be stored or transmitted electronically. We maintain safeguards in compliance with HIPAA and **Massachusetts data security regulations (201 CMR 17.00)**; however, no electronic system is completely secure

MASSACHUSETTS PRIVACY RIGHTS: Massachusetts law may provide greater privacy protections than federal law. If a breach of personal information occurs, notification will be provided in accordance with **M.G.L. c. 93H**, which may also require notification to the Massachusetts Attorney General and the Office of Consumer Affairs and Business Regulation.

SUBSTANCE USE DISORDER (SUD) INFORMATION: In limited circumstances, our office may receive medical records from other health care providers that include information related to substance use disorder (SUD) treatment. When such information is received, it is protected by **federal confidentiality regulations (42 CFR Part 2)** and may be subject to **stricter privacy protections than HIPAA**. We do not disclose SUD-related records except as permitted by law or with appropriate patient authorization. Our practice does not provide substance use disorder treatment services; however, we maintain safeguards to protect any SUD-related information that may be received from external providers.

CHANGES TO THIS NOTICE: We reserve the right to change this Notice and make the revised version effective for all information we maintain. Updated Notices will be available in our office and upon request.

QUESTIONS OR COMPLAINTS: If you have questions or believe your privacy rights have been violated, contact:

Privacy Officer – Care Smile Dental
200 Ayer Rd, Harvard, MA 01451
(978) 456-0888

You may also file a complaint with:

- **U.S. Department of Health and Human Services – Office for Civil Rights**
www.hhs.gov/ocr
- **Massachusetts Attorney General's Office**
www.mass.gov/ago

You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

Printed Name: _____

Signature: _____

Date: _____